



Hugs for Horses
THE THERAPEUTIC RIDING CENTER - GEORGETOWN, SC

Hugs for Horses Therapeutic Riding Program

Rona Jacobs, Director
 215 Equestrian Drive
 Georgetown, SC 29440

Phone: 843.833.3929 / 843.546.3685

Email: info@hugsforhorses.org

Web: www.hugsforhorses.org

Volunteer Information

Volunteer Name: _____	Birth Date (if under 18): _____
Parents'/Guardians' Names (if under 18 years old): _____	
<u>Mailing Address:</u> _____ _____ _____	
<u>Phone Numbers:</u> <i>Place an "X" by preferred phone numbers for contact by Hugs' personnel</i>	
<input type="checkbox"/> Home: _____	<input type="checkbox"/> Work: _____
<input type="checkbox"/> Mobile: _____	<input type="checkbox"/> Other: _____
Do you wish to be contacted via text message on your mobile phone? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<u>Email Addresses:</u> <i>Place an "X" by preferred email addresses for contact by Hugs' personnel</i>	
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____
If student, name of school: _____	
Are you volunteering to attain service credit for an organization such as Service Over Self or your school's Honor Society? <input type="checkbox"/> YES Organization name: _____	
<input type="checkbox"/> NO	
Please check all areas of interest. Group Lesson Volunteer: <input type="checkbox"/> Sidewalking with a student (No prior experience necessary) <input type="checkbox"/> Leading a horse (requires training) <input type="checkbox"/> Playing games with riders for fun and therapy (All ages! No prior experience necessary!) Public Relations / Fundraising Volunteer <input type="checkbox"/> Fund raising <input type="checkbox"/> Volunteer recruitment <input type="checkbox"/> Newsletter / website <input type="checkbox"/> Photography / video <input type="checkbox"/> Publicity	Experience level with horses: <input type="checkbox"/> No horse experience or beginner <input type="checkbox"/> Some horse experience and comfortable with horses <input type="checkbox"/> Advanced / Very knowledgeable Comments: _____ What days are you available to help? <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat Hours available: _____ Note: Our need is great and constant for volunteers during our group sessions: Please call Rona Jacobs or check the Hugs website for group session times.

Using the power of horses to exercise the spirits and bodies of people with physical, mental, and emotional disabilities

(over)



Volunteer Release and Waivers

Volunteer Name: _____ **Date:** _____

Photo / Video Release

- I DO
- DO NOT

consent to and authorize the use and reproduction of any photographs or videos taken of me (the volunteer) for promotional or informational purposes such as brochures, web sites, and presentations, solicitation of funding, or any other use for the benefit of the Hugs for Horses Therapeutic Riding Program.



Name Release

- I DO
- DO NOT

consent to and authorize the disclosure of my (the volunteer's) name in "good news" press releases and success stories submitted to promote awareness of Hugs for Horses Therapeutic Riding Program and the benefits of therapeutic riding.

Signature: _____ **Date:** _____
Volunteer, or Parent/ Legal Guardian if under 18 years old

WARNING

Under South Carolina Law, an Equine Activity Sponsor or Equine Professional is not liable for an injury to or the death of a participant in an equine activity resulting from an inherent risk of equine activity pursuant to Article 7, Chapter 9 of Title 47, and Code of Laws of South Carolina, 1976.

Hugs for Horses Therapeutic Riding Program, the Georgetown County Board of Disabilities and Special Needs, the Georgetown Equestrian Center, the property owners, or any employee/volunteer/board member of Hugs for Horses Therapeutic Riding Program or the Georgetown Equestrian Center or the Georgetown County Board of Disabilities and Special needs will not be held responsible for any injuries that may occur.

Signature: _____ **Date:** _____
Volunteer, or Parent/ Legal Guardian if under 18 years old

For use by Hugs' personnel only:

Received by: _____ Date: _____
Comments: