



Sonshine Equine

www.sonshineequine.org

VOLUNTEER REGISTRATION AND LIABILITY RELEASE

SONSHINE EQUINE IS A NON-PROFIT 501(C)(3) TEACHING FACILITY LOCATED IN SUSSEX COUNTY DELAWARE. WE ARE A FAITH-BASED CENTER THAT USES EQUINE ASSISTED LEARNING (EAL) TO PROMOTE LEARNING AND HEALING IN A LOVING AND CARING ENVIRONMENT. **WE BELIEVE THAT THERE IS ONE GOD, EXTERNALLY EXISTENT IN THREE PERSONS: FATHER, SON, AND THE HOLY SPIRIT.**

GENERAL INFORMATION (ALL VOLUNTEERS MUST BE AT LEAST 14 YEARS OLD)

Volunteer Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Ph: (C) _____ (H) _____

Email address: _____

Employer/School: _____

Parent/Legal Guardian/Caregiver/Name/Address/Ph.#: _____

Emergency Contact Name/Relationship/Phone: _____

How did you learn about the program? _____

HEALTH HISTORY

Please describe your current health status, particularly regarding the physical/emotional demands of working in an equine-assisted program. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries, or lifestyle changes:

Allergies/Medications: _____

Medications: _____

CHECK AREAS IN WHICH YOU ARE INTERESTED:

- Horse leader/Side walker
- Horse Events
- Public Relations/Marketing
- Photography/Video
- Feed Team
- Fundraising
- Grant Writing
- Budget & Finance
- Center Maintenance/Repair
- Summer Camp
- Newsletter
- Future Planning
- Outreach
- Administration
- Web Design

I understand that the information provided above is accurate to the best of my knowledge. I know of no reason why I should not participate in this center's program.

Signature: _____ Date: _____

(VOLUNTEER, STAFF, PARENT, GUARDIAN OR CAREGIVER)

PHOTO RELEASE

- I DO
- DO NOT

consent to and authorize the use and reproduction by Sonshine Equine of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Signature: _____ Date: _____

(VOLUNTEER, STAFF, PARENT, GUARDIAN OR CAREGIVER)

BACKGROUND INFORMATION

Have you ever been charged with or convicted of a crime? Y N Please explain: _____

I, _____ (*VOLUNTEER, STAFF NAME*), authorize Sonshine Equine to receive information from any law enforcement agency, including police departments and sheriff’s departments, of this state or any other state or federal government, to the extent permitted by state and federal law, pertaining to any convictions I may have had for violations of state or federal criminal laws, including but not limited to convictions for crimes committed upon children or animals.

I understand that such access is for the purpose of considering my application as an employee/volunteer, and I expressly DO NOT authorize the Sonshine Equine, its Directors, Officers, Employees, or other Volunteers to disseminate this information in any way to any other individual, group, agency, organization or corporation.

Signature: _____ Date: _____

(VOLUNTEER, STAFF, PARENT, GUARDIAN OR CAREGIVER)

Please note, due to working with children we require background checks for all volunteers. Since we are a non-profit our volunteers must pay for their own background checks. Thank you for your interest and understanding our position on this matter.

CURRENT DRIVER’S LICENSE Y N LICENSE NUMBER: _____ STATE: _____

CONFIDENTIALITY AGREEMENT

I understand that all information (written and verbal) about participants at this Sonshine Equine is confidential and will not be shared with anyone without the expressed written consent of the participant and his/her parent/guardian in the case of a minor.

Signature: _____ Date: _____

(VOLUNTEER, STAFF, PARENT, GUARDIAN OR CAREGIVER)

LIABILITY RELEASE

I, _____ (*VOLUNTEER, STAFF NAME*) would like to participate in the Sonshine Equine. I acknowledge the risks and potential for risks of equine activities. However, I feel that the possible benefits to myself/my son/my daughter/my ward are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors, or administrators, waive and release forever all claims for damages against Sonshine Equine and its Board of Directors, Instructors, Aides, Volunteers and/or Employees and its owners for all injuries and/or losses I/my son/my daughter/my ward may sustain while participating in the Sonshine Equine.

Date: _____ Consent Signature: _____

(VOLUNTEER, STAFF, PARENT, GUARDIAN OR CAREGIVER)

Date: _____ Non-Consent Signature: _____

(VOLUNTEER, STAFF, PARENT, GUARDIAN OR CAREGIVER)