

Volunteer Information and Release

Name: _____ DOB: _____
Name of Parents or Guardians (if minor): _____
Address: _____
City: _____ State: _____ Zip Code: _____
Cell Phone: _____ Email: _____
Emergency Contact: _____ Phone: _____

****Please email completed to Rachael@wyldehorses.com or text pictures to 442.278.4377 ****

PLEASE CHECK AVAILABILITY, ALL THAT APPLY:

Monday

Tuesday

Wednesday

Thursday

8am-12pm	
1:00pm-5pm	

8am-12pm	
1:00pm-5pm	

8am-12pm	
1:00pm-5pm	

8am-12pm	
1:00pm-5pm	

Friday

Saturday

Sunday

8am-12pm	
1:00pm-5pm	

8am-12pm	
1:00pm-5pm	

8am-12pm	
1:00pm-5pm	

***PLEASE UNDERSTAND, THE NATURE OF THIS WORK IS PHYSICAL AND SAFETY IS OUR BIGGEST CONCERN.
ANSWERING THESE QUESTIONS HONESTLY IS ONLY TO ENSURE YOUR SAFETY AND WELL BEING.***

Do you have any health concerns and/or taking any medications? (Please specify)

Do you have any medical conditions that we should be aware about? (If yes, please specify)

Do you have any physical limitations? (If yes, please specify)

Are you sensitive to heat?

Do you have horse experience? (Please elaborate)

Do you have experience with people with a disability?

Liability Release

I agree and understand that all volunteering with horses and any other activities engaged in with Wylde Horses Therapeutic Riding Facility is solely at my own risk, and that Wylde Horses Therapeutic Riding Facility is not liable for any injury which may occur to me while engaged in these activities, whether bodily injury or otherwise. I understand that working with horses is a risk and may result in injury and even death. I also give my permission to Wylde Horses Therapeutic Riding Facility to provide me with any emergency medical care and to call medical personnel if necessary. I further agree to release Wylde Horses Therapeutic Riding Facility, its agents and employees, from any and all liability for any injuries I may sustain while volunteering or engaging in any other activity. The undersigned hereby grants Wylde Horses Therapeutic Riding Facility permission to take and have taken still or moving photographs of themselves. The undersigned also authorizes Wylde Horses to use such photographs in its advertising, news media, brochures, and material. The undersigned also agrees to keep client confidentiality within Wylde Horses Therapeutic Riding Facility. And I further agree to indemnify and hold Wylde Horses LLC harmless to all claims, actions, damages, costs, and expenses, arising therefrom.

Signature of Volunteer

Date

Signature of Parent/Guardian

Date

Requirements of a Volunteer

1. BE PUNCTUAL AND RESPONSIBLE

We appreciate your time and work while you're here. Our lessons are dependent on YOU! Please be on time and ready to work, unless you have called to let us know you will be late or absent.

2. BE FLEXIBLE

Please be flexible when working. You may encounter a variety of situations so please be understanding. We have a working ranch, so volunteers are expected to do a variety of chores, from helping in lessons, to cleaning horse pens and water troughs. We all work till the day is done!

3. BE APPROPRIATE

Please treat everybody at Wylde Horses with kindness and respect!

4. ASK FOR HELP WHEN IN DOUBT

When volunteering here at Wylde Horses, there is a lot to remember. If you need help, please ask. This is the best way to do things safely and correctly.

5. RESPECT THE PRIVACY OF ALL CLIENTS

WHAT TO BRING AND WEAR

- Sturdy, comfortable CLOSED TOED shoes for safety and protection.
- Please wear clothes that are appropriate and able to work in.