

VOLUNTEER/STAFF: GENERAL INFORMATION

Volunteers must be 14 years or older/ Parent or Guardian signature required for anyone under 18

NAME _____
ADDRESS _____
CITY/STATE/ZIP _____
PHONE (H) _____ (W) _____ (C) _____
E-MAIL _____
HOW LONG HAVE YOU LIVED IN VERMONT? _____
EMPLOYER/SCHOOL _____
WORK/SCHOOL ADDRESS _____
PARENT/LEGAL GUARDIAN (IF UNDER 18) _____
ADDRESS _____
CITY/STATE/ZIP _____
PHONE (H) _____ (W) _____ (C) _____
E-MAIL _____
ARE YOU FULFILLING A COMMUNITY SERVICE REQUIREMENT? _____
IF YES, FOR WHICH SCHOOL OR AGENCY? _____
HOW DID YOU HEAR ABOUT REINBOW RIDING CENTER? _____
CURRENT DRIVER'S LICENSE? NO ___ YES-LICENSE # _____ STATE _____

Volunteer Opportunities: _____ **Horse Leader** _____ **Sidewalker** _____ **Hosting** _____ **Lesson Prep**
These are suggested hours, we are flexible and will adjust to fit your availability

AVAILABLE TIMES	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
9:00-11:00						
11:00-1:00						
1:00-3:00						
3:00-5:00						

Able to jog next to the horse? ___ Yes ___ No
Previous horse training/experience? ___ Yes ___ No

Other Opportunities (check all that apply)
___ Dust Busters ___ Yard Hand/Posey Possee
Event Extras: ___ Horse Shows ___ Special Olympics ___ Trail Rides
Paper Jockeys: ___ Fundraising ___ Grant Writing ___ Budget/Finance ___ Future Planning ___ Writing/Editing
___ Video/Photography ___ Public Relations ___ Volunteer Recruitment ___ General Office Help
Other _____

VOLUNTEER/ STAFF: HEALTH INFORMATION

HISTORY: To assist with your safety and the safety of our riders, please describe your current health status, particularly regarding the physical/emotional demands of working in an equine assisted program. Please address fitness, cardiac, bone, or joint function, recent hospitalization/surgeries, or lifestyle changes that might affect your endurance, and/or mobility, or would be important to know about in case of an emergency:

Please list any **medications** that you take that might be important for care providers to be alerted to in case of an accident or need for emergency care:

Please list any **allergies and allergies to medications** that you take that may be important for care providers to know about in case of an accident or need for emergency care:

VOLUNTEER/STAFF: AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

NAME _____ DOB _____
ADDRESS _____
CITY/STATE/ZIP _____
PHONE (H) _____ (W) _____ (C) _____ EMAIL _____
PHYSICIAN'S NAME _____
PREFERRED MEDICAL FACILITY _____
HEALTH INSURANCE CO. _____ POLICY# _____
IN CASE OF EMERGENCY CONTACT:

NAME	RELATIONSHIP	PHONE (H)	(W)	(C)
NAME	RELATIONSHIP	PHONE (H)	(W)	(C)
NAME	RELATIONSHIP	PHONE(H)	(W)	(C)

CONSENT PLAN: In the event emergency medical aid/treatment is required due to illness or injury during the process of volunteering services or working for the Reinbow Riding Center, or while on the property I authorize Reinbow Riding Center to:

1. Secure and retain medical treatment and transportation if needed
2. Release volunteer records upon request of the authorized individual or agency involved in the medical emergency treatment.

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life-saving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

SIGNATURE _____ DATE _____
PRINT NAME BELOW IF SIGNATURE ABOVE IS BY A PARENT OR GUARDIAN FOR A VOLUNTEER UNDER 18 _____
RELATIONSHIP _____

NON-CONSENT PLAN: I do not give my consent for emergency medical treatment/aid in case of illness or injury during the process of volunteering or working while being on the property of Reinbow Riding Center.

____ Parent or legal guardian will remain on site at all times during equine assisted activities.

____ In the event emergency treatment/aid is required I wish the following to take place:

SIGNATURE _____ DATE _____
PRINT NAME BELOW IF SIGNATURE ABOVE IS BY A PARENT OR GUARDIAN FOR A VOLUNTEER UNDER 18 _____
RELATIONSHIP _____

Reinbow Riding Center
P.O. Box 395
Shrewsbury, VT 05738
802-492-2226

VOLUNTEER/STAFF: ADDITIONAL RELEASES

Dear Reinbow Riding Center Volunteer/Staff,

We may request you be a part of a Reinbow Riding Center promotional press release. We appreciate your willingness to participate in aiding us to maintain the program through such promotions. For legal reasons we require that you understand and agree to the releases below by filling them out and signing them.

Sincerely,
Reinbow Riding Center

Name: _____ Date of Birth: _____ Age: _____
Address: _____
City/State/Zip: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____

PHOTO RELEASES

I _____ **do** _____ **do not** consent to and/or authorize the use and reproduction by Reinbow Riding Center of any and all photographs and any other audio-visual materials taken of me/my son/my daughter/my ward for the promotional use, educational activities, and exhibitions or for any other use for the benefit of the program.

I _____ **do** _____ **do not** consent to and/or authorize photos to be posted on a Social Media page such as Facebook, Twitter, etc.

I _____ **do** _____ **do not** consent to and/or authorize the use of a quote to be used in promotional material and/or posted on a social media page.