

Reins of Life

Therapeutic Horseback Riding

Volunteer Registration & Release Form



Volunteer _____ Date of Birth _____ Age _____

Address _____ City _____

State _____ Zipcode _____ Home Phone _____ Work Phone _____

E-mail Address _____ Cell Phone _____

Emergency Contact _____ Phone _____

Liability Release

I would like to volunteer in the Reins of Life (ROL) therapeutic horseback riding program, as a side walker, lead-line walker, and horse handler, and when permitted, to ride any of the ROL horses. I acknowledge the risks of horseback riding and working around horses and individuals with special needs. However, I feel that the possible benefits to myself 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 Reins of Life, it's Board of Directors, Instructors, Therapists, Aides, Volunteers, or Employees for any and all injuries and/or losses I may sustain while volunteering for Reins of Life.

Signature _____ Date _____

(Under age 18 must have parent or guardian signature)

Emergency Medical Release

I, the undersigned do hereby authorize Reins of Life, it's agents or employees to provide and render necessary medical care and treatment to me for any illness or injury which I might incur while volunteering in the Reins of Life therapeutic horseback riding program or at the program facility.

Signature _____ Date _____

(Under age 18 must have parent or guardian signature)

Health Insurance Co. _____ Policy No. _____

Photo Release

I hereby consent to and authorize Reins of Life the use and reproduction of any and all photographs and any audiovisual materials taken of me for promotional printed material, educational activities or for any other use for the benefit of the program.

Signature _____ Today's Date _____

(Under age 18 must have parent or guardian signature)

Reins of Life does not require that volunteers have previous horse experience or experience with people with disabilities. An interest to contribute your time while making a difference in the lives of children and young adults with special needs, coupled with a warm open heart is what we look for. Experience is surely welcomed.

Have you volunteered for another therapeutic riding program? Name of program and year volunteered.

Which classes are you available to volunteer for at Reins of Life? You may change week to week or from time to time as long as you give notice. We prefer you volunteer on a weekly basis to offer the consistency that benefits our riders, but we will be flexible with your availability. Thank you.

Weekends:

Saturday 9:00 ____ 10:00 ____ 11:00 ____ 1:00 ____ 2:00 ____ 3:00 ____ 4:00 ____

Weekdays:

Monday 4:30 ____ 5:30 ____ 6:30 ____

Tuesday 4:30 ____ 5:30 ____ 6:30 ____

Wednesday 4:30 ____ 5:30 ____ 6:30 ____

Thursday 4:30 ____ 5:30 ____ 6:30 ____

Experience with horses:

I've never been on a horse ____ I rode once or twice ____ I rode often in my past ____

I currently own/lease a horse(s) ____ I now ride often on another's horse ____

My horseback riding experience level is:

Beginner ____ Intermediate ____ Advanced ____ Competition ____ Judge ____

I taught riding ____ Beginner ____ Intermediate ____ Advanced ____ Competition ____

I'm interested in lessons for myself ____ for my child ____

Interested in Therapeutic Riding Instructor Certification ____

Previous experience working with special needs individuals:

Reason you would like to volunteer with Reins of Life:

There are other opportunities to volunteer with Reins of Life. Please indicate if you would like to volunteer in the following areas, and indicate below if you have previous experience.

Fundraising Committee ____ Marketing/Public Relations ____ Presentations/Public Speaking ____ Host Table
Displays ____ Special Events ____ Pace Events/Paper Chase ____ Computers ____ Administrative Tasks
____ Horseshows ____ Trailering Horses ____