

Volunteer/Staff Registration Form

Name: _____ Date: _____

Address: _____ Date of Birth: _____

Phone: (H) _____ (W) _____ Email: _____

Employer/School: _____ Address: _____

Emergency Contact/Relationship/Address/Phone Number:

How did you learn about the program? _____

Horse Experience _____

Hours/Days Available _____

Check which areas you are interested in:

- Program Development
- Special Events
- Administration
- Facility Repairs
- Horse Handling
- Public Relations
- Photography/Video
- Budget & Finance
- Side walking with a Student
- Fundraising
- Grant Writing
- Stable Management
- Newsletter
- Volunteer Recruitment

Health History (See EMT form)

Consult your physician or local health department if you are not up to date with shots. 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.

Confidentiality Agreement

I have read the confidentiality agreement and understand that all information (written and verbal) about participants is confidential and will not be shared with anyone without the expressed written consent of the participant and their parent/guardian. Initial _____ Date _____

Photo Release

I DO DO NOT consent to and authorize the use and reproduction by Stable Solutions Farm of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, and exhibitions or for any other use for the benefit of the facility. Initial _____ Date _____

Assumption of Risk, Wavier and Release of Liability

I HAVE READ THE ASSUMPTION OF RISK, WAVIER, AND RELEASE OF LIABILITY. I UNDERSTAND THAT IS A RELEASE OF CLAIMS AND THAT I AM ASSUMING RISKS INHERENT TO MY PARTICIPATION, AND I AGREE TO BE FULLY BOUND BY ITS TERMS. I know of no reason why I should not participate in this program.

Signature: _____ Date: _____