



Volunteer Registration Form

Volunteer Name: _____ Date: _____

Birth Date: _____ Age: _____ M / F

Parent/Legal Guardian Name and Address: _____

Best Contact Phone: _____ Relationship: _____

Emergency Contact Phone: _____ Relationship: _____

Email: _____

Employer or School: _____

How did you hear about RWH? _____

Do you have horse experience? Please be specific: _____

Do you have experience working with people with disabilities? Please be specific: _____

Please specify any other experience and/or skills you feel could be useful to the program: _____

Please check your area(s) of interest:

Program Volunteer

- Leading a horse
- Sidewalking with a rider
- Stable management (cleaning stalls, pastures)
- Horse care
- Facility repair and upkeep
- Cleaning equipment/tack

Friends of Therapeutic Riding

- Fundraising
- Photography/Video
- Office
- Special Events
- Instructor

What days and times you are available? _____

(We ask that you commit to two hours per week if possible)

VOLUNTEER LIABILITY RELEASE

WARNING: UNDER NEW JERSEY LAW, AN EQUESTRIAN AREA OPERATOR IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ANIMAL ACTIVITIES, PURSUANT TO P.L. 1997, C.287, C:5:15-1 ET ESQ.



Volunteer Registration Form

I / my child would like to participate in the Riding with HEART Volunteer program. I acknowledge the potential risks of horseback riding and working around horses. 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 Riding with HEART, its Board of Directors, Affiliated Organizations, Employees, Instructors, Therapists, Aides, Volunteers, Equines and Operating Site for any and all injuries and/or losses I/ my child may sustain while participating in Riding with HEART activities.

Print Name: _____

Signature: _____ Date: _____

(Signature of parent/guardian if participant is under 18 years of age)

PHOTO/MEDIA/WEBSITE/ADVERTISING CONSENT

I DO

I DO NOT

Consent to and authorize the use and reproduction by Riding with HEART of any and all photographs and any other audio/visual materials taken of me/my child for promotional material, educational activities and exhibitions or for any other use for the benefit of the program.

VOLUNTEER CONFIDENTIALITY ACKNOWLEDGEMENT OF CLIENT INFORMATION

I agree to treat as confidential all information about clients or former clients and their families that I may learn during the performance of my duties as a Riding with HEART volunteer, and I understand that it would be a violation of policy to disclose such information to anyone within or outside of the Riding with HEART program.

Print Name: _____

Signature: _____ Date: _____

(Signature of parent/guardian if participant is under 18 years of age)

PARTICIPANT'S EMERGENCY MEDICAL TREATMENT INFORMATION

Participant Name: _____ Date of Birth: _____ Phone: _____

Address: _____

Physician's Name: _____ Medical Facility: _____

Health Insurance Company: _____ Policy Number: _____

Allergies: (medications and other): _____



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IN THE EVENT OF AN EMERGENCY PLEASE CONTACT:

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

CONSENT FOR TREATMENT

I DO CONSENT

I give my consent for emergency medical treatment/aid in the case of illness or injury while I/my child participate in activities at Riding with HEART. Riding with HEART reserves the right to and will contact first responders (911). Riding with HEART staff are certified in Basic Life Support and CPR and will make every effort humanly possible to assist the participant until emergency personnel arrive, however, staff are not trained medical professionals and cannot make medical recommendations or decisions on the injured party's behalf.

In the event emergency treatment/aid is required, the participant's parents or legal guardian WILL immediately be contacted. If that emergency contact cannot be reached, the indicated second emergency contact will be called.

Consent Signature: _____ Date: _____
(Signature of parent/guardian if participant is under 18 years of age)

OR

NON-CONSENT FOR TREATMENT

I DO NOT CONSENT

I do not give my consent for emergency medical treatment/aid in the case of illness or injury while I/my child participate in activities at Riding with HEART. However, Riding with HEART reserves the right to and will contact first responders (911) regardless of non-consent. Riding with HEART staff are certified in Basic Life Support and CPR and will make every effort humanly possible to assist the participant until emergency personnel arrive, however, staff are not trained medical professionals and cannot make medical recommendations or decisions on the injured party's behalf.

In the event emergency treatment/aid is required, the participant's parents or legal guardian WILL immediately be contacted. If that emergency contact cannot be reached, the indicated second emergency contact will be called.

Non-Consent Signature: _____ Date: _____
(Signature of parent/guardian if participant is under 18 years of age)