



VOLUNTEER REGISTRATION FORM

Print Name: _____

Birth Date: _____ Age: _____ M / F

Address: _____ City/State/Zip: _____

Best contact phone number: _____ Email: _____

Employer or school: _____

How did you hear about RWH?: _____

Do you have horse experience? Please explain: _____

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

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
- Side walking 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

Days and Times available to work (please be specific):

Monday _____ a.m.	_____ p.m.	Tuesday _____ a.m.	_____ p.m.
Wednesday _____ a.m.	_____ p.m.	Thursday _____ a.m.	_____ p.m.
Friday _____ a.m.	_____ p.m.	Saturday _____ a.m.	_____ p.m.



639 CR 513
Pittstown, NJ 08867
(908) 735-5912
volunteers@ridingwithheart.org

Volunteer's Authorization for Emergency Medical Treatment:

In the event emergency medical aid/treatment is required due to illness or injury while volunteering for Riding with HEART, I authorize Riding with HEART to secure/retain medical treatment and transportation if needed.

Print Name: _____

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

Person(s) to be contacted in case of an emergency:

1. Contact: _____ Phone: _____

2. Contact: _____ Phone: _____

Physician's Name: _____

Preferred Medical Facility: _____

Health Insurance Company: _____ Policy #: _____

Consent Plan:

This authorization includes X-ray, surgery, hospitalization, medication and any treatment procedure deemed "lifesaving" by the physician. This provision will only be invoked if contact persons above are unreachable.

Print Name: _____

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

OR

Non-Consent Plan:

I do not give consent for emergency medical treatment/aid in the case of illness/injury while volunteering for Riding with HEART. In the event emergency treatment/aid is required, I wish the following procedure to be followed:



Volunteer Liability Release:

I / my child would like to participate in the Riding with HEART program as a volunteer. I acknowledge the risks and potential for risks of horseback riding and working around horses. However, I feel the possible benefits to me / my child 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 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.

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.

Print Name: _____

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

Photo/Media Release/Website:

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

Photo Release Do Not Photograph

Print Name: _____

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

Volunteer Confidentiality Statement:

I understand that any and all activity and information that may be disclosed to me during my activities as a volunteer are deemed confidential and are not to be discussed with anyone other than Riding with HEART staff.

Print Name: _____

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