



## Volunteer Registration & Release Form

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_ Zip Code \_\_\_\_\_ 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, 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. \_\_\_\_\_

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. Seasoned horse handlers greatly needed.

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 11:00 12:00 1:00

**Weekdays:**

Monday 4:30 5:30 6:30

Tuesday 11:30 12:30 1:30

Wednesday 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 am now in a riding lesson program \_\_\_\_\_

My horseback riding experience level is:

None: \_\_\_ Beginner \_\_\_ Intermediate \_\_\_ Advanced \_\_\_ Competition \_\_\_ Judge \_\_\_

I taught riding: \_\_\_\_\_ Level: Beginner \_\_\_ Intermediate \_\_\_ Advanced \_\_\_ Competition \_\_\_\_\_

I'm interested in lessons for myself \_\_\_\_\_

Interested in Therapeutic Riding Instructor Certification \_\_\_\_\_ [www.pacth.org](http://www.pacth.org)

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/Events Committee \_\_\_\_\_ Marketing/Public Relations \_\_\_\_\_ Presentations/Public Speaking \_\_\_\_\_

Host Table Displays at Special Events \_\_\_\_\_ Pace Events/Paper Chase \_\_\_\_\_ Computer Support \_\_\_\_\_

Administrative Tasks \_\_\_\_\_ Horseshows \_\_\_\_\_ Trailering Horses \_\_\_\_\_