



Volunteer/Staff Information Form

A. GENERAL INFORMATION

Name: _____ Date: _____
Address: _____
Employer/School: _____
Work Address: _____
Parent/Legal Guardian Name: _____
Parent/Legal Guardian Address: _____
Date of Birth: _____ Email: _____
Phone (H): _____ Phone (W): _____ Phone (C): _____
Best Way to Reach you: _____ Best Time to Reach you: _____
How did you learn about the program? _____
What type of experience have you had with horses (if any)? _____

Have you volunteered/worked with any other therapeutic riding programs? Y N: if yes, please explain what your responsibilities were: _____

B. VOLUNTEER AREAS OF INTEREST (Check ALL that you are interested in working in)

- | | | | |
|--------------------------------------------|-------------------------------------------|------------------------------------------------|--------------------------------------------|
| <u>Program</u> | <u>Special Event</u> | <u>Administration</u> | |
| <input type="checkbox"/> Horse Handling | <input type="checkbox"/> Horse Show | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Photography/Video |
| <input type="checkbox"/> Side Walker | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Budget & Finance |
| <input type="checkbox"/> Stable Management | <input type="checkbox"/> Special Olympics | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Future Planning |
| <input type="checkbox"/> Facility Repairs | <input type="checkbox"/> Trail Rides | <input type="checkbox"/> Volunteer Recruitment | |

C. TIMES AVAILABLE TO VOLUNTEER

	MON	TUE	WED	THU	FRI	SAT
Mornings (8:00 am - 12:00 noon)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoons (1:00 pm – 5:00 pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. PHOTO RELEASE

I DO or DO NOT consent to and authorize the use and reproduction by Rising Hope Farms of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

E. ASSURANCE OF CONFIDENTIALITY

I understand that all information (written and verbal) about participants at Rising Hope Farms is confidential and will not be shared with anyone without the express written consent of the participant and their parent/guardian in the case of a minor. I further understand the liability of persons with access to rider information and hereby agree to protect and preserve the confidential nature of all such information to which I have access.

Understood & AGREED (Initials): _____

I understand that the information provided above is accurate to the best of my knowledge. I know of no reason why I should not participate in this center's program.

Signature: _____ Date: _____

Witness (RHF Staff/Volunteer): _____ Date: _____

To be signed on presence of RHF Staff /Volunteer