



Project R.I.D.E., Inc. Volunteer Application



Contact Information

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Employer or School: _____

Date of Birth: _____ Phone: (H) _____ (C) _____ (W) _____

E-mail Address: _____

Parent/Legal Guardian Name and Address: _____

How did you learn about Project R.I.D.E., Inc.? _____

May we add you to our mailing list? _____ YES _____ NO

We periodically send notifications by US mail or email to our volunteers about upcoming events or volunteer opportunities. Your contact information will be kept strictly confidential and will never be sold, lent or shared with anyone for any reason.

Check which volunteer positions you are interested in:

Program

- _____ Leader*
- _____ Sidewalker*
- _____ Stable Chores

Administration

- _____ Office Assistant
- _____ Grant Writer
- _____ Volunteer Recruiter

Other

- _____ Ranch Feeder*
- _____ Horse Hauler*
- _____ Maintenance/Handyman

Are you willing to assist at our fundraisers? _____ YES _____ NO

**Please see volunteer agreement for restrictions and age requirements for these positions. Horse hauler and ranch feeder positions are located at our ranch in Herald.*

Please provide details about any experience you have with horses and/or special needs:

I understand that all the information provided in this application 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:** _____

Parent/Guardian _____ **Date:** _____

Parent or Guardian's signature is required for anyone under the age of 18.



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Health History

Please describe your current health status, particularly regarding the physical/emotional demands of working in a therapeutic riding program. Address fitness, cardiac, respiratory, bone or joint function, and/or recent hospitalizations/surgeries.

Allergies: _____

Medications: _____

Last Tetanus Shot: _____ Tuberculosis Clearance Date: _____

Tuberculosis clearance is valid for two years and is required for all volunteers working with students at Jessie Baker Elementary. Please attach a copy of your current tuberculosis clearance. Tetanus shots are not required but are highly recommended.

Background Information

Have you ever been charged with or convicted of any crime? Y ___ N ___ Please explain:

Volunteer Liability Release

As a volunteer at Project R.I.D.E. Inc., I acknowledge the risks and potential for risks of a horseback riding program. However, I feel that the possible benefits to the clients that I work with and 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 Project R.I.D.E. Inc., its Board of Directors, Instructors, Therapists, Volunteers and/or Employees for any and all injuries and/or losses I may sustain while participating in Project R.I.D.E. Inc. **Initial** _____ **Date** _____

Confidentiality Agreement

I understand that all information (written and verbal) about participants at Project R.I.D.E. Inc. 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. **Initial** _____ **Date** _____

Photo Release

I _____ **DO** _____ **DO NOT** consent to and authorize the use and reproduction by Project R.I.D.E. 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.

Signature: _____ **Date:** _____

Parent/Guardian _____ **Date:** _____



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Name _____

General Availability

DAYS: Mon Tues Wed Thur Fri Sat
TIME: _____

IN CASE OF EMERGENCY

Name _____ Relationship _____
Home Phone _____ Work Phone _____
Address _____
City _____ State _____ Zip _____
Physician _____ Phone _____
Hospital _____ City _____
Medical Record # _____ Insurance Provider _____

In case of emergency, I give permission to Project R.I.D.E. to secure medical treatment including x-ray, surgery, hospitalization and medication.

Signature: _____ **Date:** _____

Parent/Guardian _____ **Date:** _____

Parent or Guardian's signature is required for anyone under the age of 18.

Staff Use Only

Introduction Completion Date _____ **Staff Sign Off** _____

Arena Orientation Completion Date _____ **Staff Sign Off** _____

Leader Requirements Completion Date _____ **Staff Sign Off** _____