

Ride On St. Louis Volunteer Information Form

Name _____ Date _____
Address _____ City _____ State ____ Zip _____
Date of Birth _____ Home Phone _____ Work Phone _____
E-Mail Address _____ Cell Phone _____
Work Address _____ City _____ State ____ Zip _____
Parent/Guardian Name (if applicable) _____
Address _____ City _____ State ____ Zip _____
If student, name of school _____
Notify in case of emergency _____ Phone _____

How did you learn about ROSL? _____
Do you have experience with horses? ____ Please specify _____

Do you have any physical limitations? ____ Please specify _____

Check areas you are interested in and times you are available:

Program Volunteer

__ leading a horse __ side-walking with a student __ stable management

Tuesday __ am __ afternoon **Wednesday** __ am __ afternoon __ pm
Thursday __ am __ afternoon **Friday** __ am __ afternoon __ pm

Administrative Volunteer

__ office administrator __ telemarketing __ public relations
__ fundraising __ newsletter __ volunteer recruitment
__ photography/video __ budget/finance __ future planning

Misc

__ general stable management __ handyman work

Monday __ am __ pm Tuesday __ am __ pm Wednesday __ am __ pm
Thursday __ am __ pm Friday __ am __ pm Saturday __ am __ pm
Sunday __ am __ pm

Photo Release: I consent to and authorize the use and reproduction by Ride on Saint Louis of any and all photographs and any other audio-visual materials taken of me for promotional material, educational activities, exhibitions or for other use for the benefit of the program.

Date _____ Signature _____
(Parent or guardian signature, if minor)

Volunteer Liability Release: I acknowledge the inherent risks of equine activities and that horsemanship experiences can result in injury and even death. However, I feel that the possible benefits to myself and the clients I work with 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 Ride on Saint Louis, its Board of Directors, instructors, therapists, volunteers, and/or employees for any and all injuries and/or losses I may sustain while participating and volunteering at Ride on Saint Louis.

Date _____ Signature _____
(Parent or guardian signature, if minor)

Return completed form to: Ride On St. Louis, PO Box 94, Kimmswick, MO 63053-0094