

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

Monday ___ am ___ pm **Tuesday** ___ am ___ afternoon
Wednesday ___ afternoon ___ pm **Thursday** ___ am ___ afternoon

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)

Confidentiality Policy: I have read, understand and will abide by the confidentiality policy of Ride On St. Louis.

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