

Volunteer Information Form

Date: _____

Name _____ Home Phone: _____

Address: _____

City: _____ Zip: _____

E-Mail Address: _____

If Student, name of school: _____

How did you learn about HorseSense ? _____

Check which areas you are interested in :

Program Volunteer

Volunteer Coordinator

Student Coordinator

Instructor/Trainer

Stable Hand

Administration

Fund raising Manager

Donations Manager

Newsletter/E-Mail

Photography/Video

Web Page Maintenance

In case of emergency:

Name: _____ Home Phone: _____ Work Phone: _____

Address:

Physician: _____ Phone _____

In case of emergency, I give my permission to HorseSense to secure medical treatment including x-rays, surgery, hospitalization and medication.

Date: _____ Signature: _____

Photo Release

I consent to and authorize the use of and reproduction by HorseSense of any and all Photographs and other audiovisual materials of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Date: _____ Signature: _____

Volunteer Liability Release

As a volunteer at HorseSense, I acknowledge the risks and potential for risks of a horseback riding program. 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 HorseSense, The Camillus Foundation, Its Board of Directors, instructors, therapists, volunteers and/or employees for any and all injuries and/or losses I may sustain while participating in HorseSense.

Date: _____ Signature: _____