

**THE THERAPEUTIC EQUESTRIAN CENTER**  
**VOLUNTEER REGISTRATION AND RELEASE FORM**  
537 Northampton Street, Holyoke, MA 01040

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

FAX #: \_\_\_\_\_ BEEPER #: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

PLACE OF EMPLOYMENT OR SCHOOL: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

(If volunteer is under 18 years of age)

SPOUSE/PARTNER'S NAME (if applicable): \_\_\_\_\_

REFERENCE NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

**PLEASE READ EACH OF THE FOLLOWING ITEMS BEFORE SIGNING:**

The Therapeutic Equestrian Center facilities and equipment have been specifically designed and are maintained to promote the safety of all employees, volunteers, participants and visitors to our center. The key to success in providing a rewarding, enjoyable and safe environment is dependant upon the proper use and maintenance of these facilities, the design of our individual lesson plans and programs and the corresponding supervision and expertise of our instructors, staff and volunteers. The Therapeutic Equestrian Center CANNOT warrant or support any activities that take place between rider, volunteer or employee off the center's ground. By signing below, you acknowledge that any activities off the facility are not supported by The Therapeutic Equestrian Center.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(IF UNDER 18 YEARS OLD, GAURDIAN SIGNATURE REQUIRED)

**PHOTO RELEASE**

I consent to and authorize the use and reproduction by TEC 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.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

(IF UNDER 18 YEARS OLD, GAURDIAN SIGNATURE REQUIRED)

**VOLUNTEER LIABILITY RELEASE**

As a volunteer at TEC, 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 TEC its board of directors, instructors, therapists, volunteers and/or employees for any and all injuries and/or losses I may sustain while participating in The therapeutic Equestrian Center Inc.!

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

(IF UNDER 18 YEARS OLD, GAURDIAN SIGNATURE REQUIRED)

Volunteer's Authorization for Emergency Medical Treatment Form

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize TEC to secure and retain medical treatment and transportation if needed.

Volunteer's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Preferred Medical Facility: \_\_\_\_\_

Health Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_

In the event of an accident or injury, that needs advanced or life saving care, TEC will call 911 immediately. If you wish to deny advanced care, you may do so with the emergency medical technician that responds to the 911 call.

Date: \_\_\_\_\_ Consent Signature: \_\_\_\_\_

Volunteer, Parent or Guardian

**CRIMINAL HISTORY:**

Have you ever been convicted of a crime?

Yes, if so what \_\_\_\_\_

When \_\_\_\_\_ Where \_\_\_\_\_

No \_\_\_\_\_

What areas are you interested in volunteering:

- \_\_\_\_ Leading a horse (should have strong horse experience)
- \_\_\_\_ Sidewalking with a student
- \_\_\_\_ Stable Management
- \_\_\_\_ Public Relations
- \_\_\_\_ Office/Clerical Support
- \_\_\_\_ Fund Raising
- \_\_\_\_ Newsletter
- \_\_\_\_ Volunteer Recruitment
- \_\_\_\_ Photography/Video
- \_\_\_\_ Budget and Finance
- \_\_\_\_ Future Planning
- \_\_\_\_ Special Events

**ORIENTATION CHECK LIST**

*For Staff Use*

Please date & initial

- Tour given \_\_\_\_\_
- Sign-in Book \_\_\_\_\_
- Volunteer Handbook given \_\_\_\_\_
- Back Page Signed \_\_\_\_\_
- Covered Policies & Procedures \_\_\_\_\_
- Groom & Tack Trained \_\_\_\_\_
- Emergency & safety Trained \_\_\_\_\_
- Leader Trained and Approved \_\_\_\_\_
- Sidewalk Trained and Approved \_\_\_\_\_

Do you have any special skills? \_\_\_\_\_

Thank you for wanting to volunteer at The Therapeutic Riding Center! Your time and support means the world to us, and the riders!