



VOLUNTEER REGISTRATION AND RELEASE FORM

PLEASE PRINT

NAME: _____

DATE OF BIRTH: ____/____/____ AGE _____

CHECK ONE: Miss Ms. Mrs. Mr.

NAME OF SPOUSE _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: (____) _____ WORK PHONE: (____) _____

CELL PHONE: (____) _____ E-MAIL: _____

PLACE OF EMPLOYMENT/SCHOOL: _____

OCCUPATION: _____

My employer gives time off for volunteering

My employer matches cash donations

PARENT/GUARDIAN'S NAME: _____

(For volunteers under 18 years of age)

PHONE: (____) _____

REFERENCE NAME: (non-relative) _____

PHONE: (____) _____

Reason for volunteering: personal fulfillment___ School requirement___ Court required
community service___ Other___

How did you hear about Golden Dreams? Friend Relative Newspaper Flyer
 Website Other _____

PLEASE READ EACH OF THE FOLLOWING ITEMS BEFORE SIGNING:

PHOTO RELEASE: ___ I consent to and authorize ___ I do not consent to nor do I authorize the use and reproduction by Golden Dreams Therapeutic Riding of any and all photographs and any other audiovisual materials taken of me for promotional printed material, educational activities, exhibitions, or any other use for the benefit of the program. _____ Please Initial

POLICY OF CONFIDENTIALITY: Confidentiality is defined as “told in secret or private relations; trusted.” Any information in regard to the participants (clients) of Golden Dreams must be held in strict confidentiality. It is critical that we respect each individual. Confidentiality is considered one of the most basic responsibilities of our facility. Failure to abide by this policy may diminish the quality of the services we provide and result in legal ramifications. I have read and understood the Golden Dreams’ Policy of Confidentiality and agree to abide by same. _____ Please Initial

LIABILITY RELEASE: I acknowledge the risks and potential for risks of horseback riding and working with horses, including grievous bodily harm. However, I feel that the possible benefits to myself are greater than the risks assumed. I hereby, intending to be legally bound for myself, my heirs and assigns, executors and administrators, waive and release forever all claims for damages against Golden Dreams Therapeutic Riding, its Board of Directors, Instructors, Therapists, Aides, Volunteers, and/or Employees for any and all injuries and/or losses I may sustain while participating as a Golden Dreams volunteer from whatever cause, including but not limited to the negligence of these related parties.

The undersigned acknowledges that he/she has read this Volunteer Application in its entirety; that he/she understands the terms of this release and has signed this release voluntarily and with full knowledge of the effects thereof. _____ Please Initial

DATE: ___/___/_____ SIGNATURE: _____

SIGNATURE OF PARENT/GUARDIAN: (If volunteer is under 18 years of age, **both** signatures are required)

***GOLDEN DREAMS THERAPEUTIC RIDING CENTER
AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT FOR VOLUNTEERS***

In the event emergency medical aid/treatment is required due to illness or injury while being on the property of the agency, I authorize Golden Dreams to:

1. Secure and retain medical treatment and transportation, if needed.
2. Release records upon request to the authorized individual or agency involved in the medical emergency treatment.

In case of Emergency

Contact: _____ Phone: _____

Physicians Name: _____ Town: _____ Phone: _____
Preferred Medical Facility: _____
Health Insurance Carrier: _____ Policy #: _____
Please indicate any allergies: _____

Please indicate any disability, limitation or medical condition that may affect your volunteer role and that we should be aware of: _____

Date of last Tetanus shot: _____

CONSENT PLAN (to be invoked in the event that your Emergency Contact cannot be reached.)
I give consent for emergency medical treatment/aid (including x-ray, surgery, hospitalization, medication, and any treatment procedure deemed “life saving” by the physician) in the event of illness or injury while on the property of the agency.

Date: ___/___/___ Consent Signature _____
(If volunteer is under 18 years of age, signatures of **both** parents/guardians are required)

NON-CONSENT PLAN: I do not give consent for emergency medical treatment/aid in the event of illness or injury while on the property of the agency. In the event emergency treatment/aid is required, I wish the following procedures to take place: _____

Date: ___/___/___ Non-Consent Signature _____
(If volunteer is under 18 years of age, signatures of **both** parents/guardians are required)

Please Complete:

Are you currently CPR and First Aid Trained? ___ Driver’s License #: _____ State _____

Have you ever been convicted of a criminal offense? ___ Yes ___ No If yes, when? _____
Please explain: _____

Upon request, you may be asked to submit an application for a criminal background check. The above information may be verified, and I give permission to make inquiry of others concerning my suitability to act as a volunteer at Golden Dreams.

Signature: _____ Date: ___/___/_____
Signature of Parent/Guardian _____
(If volunteer is under 18 years of age, signatures of **both** parents/guardians are required)

Date: ____/____/____

**GOLDEN DREAMS
GENERAL VOLUNTEER INFORMATION FORM**

1. Please tell us about your experiences with:

(A)Horses: _____

(B) Leading Horses and/or Sidewalking: _____

(C) People with Disabilities: _____

2. Your Volunteer Interests:

(A) **Lesson Program Volunteer.** I am interested in volunteering for the riding program in the following way(s):

___Sidewalking Riders___Horse Leading___ (must have horse experience)

___Coordinator (grooms and tacks horse for lesson)

(B) **Equine Program Volunteer:**

___Horse Care, Feeding, Stall Cleaning, Pasture Cleaning

(C) **Facility/Farm Volunteer:**

___General maintenance & Repairs ___Carpentry ___Equipment Repair

(D) **Office Volunteer:**

___Data Entry ___Reception ___General Office Support ___Mailings

(E) **Special Events & Fundraisers Volunteer:**

___Serve on Special Events Planning Committees ___Give assistance day of an event

(F) **Special Skills Volunteer:**

___Photography ___Sign Language ___Cooking/Baking ___Public Relations/Outreach

___Construction ___Fundraising Experience ___Grant Writing ___Computer Skills

___Graphic Design ___ Website Design

3. Please indicate your Volunteer Availability: This will serve as a **guideline** only. Your actual schedule will be arranged with the Volunteer Coordinator. Please put an X in the days and times you are available to volunteer.

	8-9 am	9-10 am	10-11am	11-12pm	12-1pm	1-2pm	2-3pm	3-4pm	4-5pm	5-6pm	6-7pm
MON											
TUE											
WED											
THU											
FRI											
SAT											
SUN											

I would like to commit to a regular day/time: ___YES ___NO I cannot commit to a regular day/time right now, but would like to serve as a substitute. ___YES ___NO

In addition to my regular hours (if applicable), I am able to substitute the following day(s)/time(s):

Thank you for taking the time to answer this questionnaire. Your responses provide useful information to help us better assess our volunteer corps, as well as select the best assignment for you. If, at any time, you would like to change your time, day or job assignment, please let us know.

IMPORTANT: RELEASE, WAIVER AND INDEMNITY AGREEMENT

It is expressly agreed by Volunteer and any Parent or Guardian whose signature appears on this document, that this Release, Waiver and Indemnity Agreement shall be governed and construed as being sufficient to satisfy the assumption of risk and waiver requirements necessary to relieve equine activity sponsors and equine professionals from liability under the Virginia Equine Activity Liability Act, and that Golden Dreams Therapeutic Riding Center are covered by the provisions of that Act. This Release, Waiver and Indemnity Agreement shall be governed and construed by the laws of the Commonwealth of Virginia, regardless of where any injury or loss shall occur. In the event that any portion of this Release, Waiver and Indemnity Agreement shall be declared unenforceable, such declaration shall not affect the remaining terms of this document, which shall survive intact.

Volunteer has been advised to wear a property fastened, ASTM-approved protective helmet and hard-soled, heeled footwear at all times while riding or otherwise coming in contact with horses, and expressly assumes the risk of injury resulting from failure to do so and/or from selecting headgear or footwear which does not adequately protect against injury.

State of Virginia Equine Liability Form, Rev 2004

NOTICE: Please read this document before signing.

Signing this document affirms that you have read it and understand it in its entirety

The Equine Activity Liability laws of the State of Virginia, VA. Code Ann. § 3.1-796.130, state among its statutory provisions that , “NOTICE: Intrinsic dangers in equine activities, include (i) the propensity of equines to behave in ways that may result in injury, harm, or death to persons on or around them; (ii) the unpredictability of an equine's reaction to such things as sounds, sudden movement, and unfamiliar objects, persons, or other animals; (iii) certain hazards such as surface and subsurface conditions; (iv) collisions with other animals or objects; and (v) the potential of a participant acting in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the equine or not acting within the participant's ability.” No participant nor any participant's parent, guardian, or representative shall have or make any claim against or recover from any equine activity sponsor, equine professional, or any other person for injury, loss, damage, or death of the participant resulting from any of the intrinsic dangers of equine activities.

GOLDEN DREAMS THERAPEUTIC RIDING CENTER
WAIVER AND INFORMED CONSENT TO PARTICIPATE IN EQUESTRIAN ACTIVITIES

I, the undersigned, having read and understood the content of this document, agree and consent to the provisions contained herein. It is my intention and desire to participate in equestrian-related activities including but not limited to, riding or authorization, check rides, horse-handling, ground crew, mounted games, or being present at equestrian activities as an observer or other activity related, however slight, to equestrian activities at events held by Golden Dreams Therapeutic Riding Center.

I hereby acknowledge that I am fully aware of the nature, purpose and risks of equine activities of Golden Dreams Therapeutic Riding Center.

I acknowledge that these activities are potentially dangerous and that I voluntarily accept any of the inherent risks involved. In consideration for my being permitted to take part in these activities, I agree to be bound by the rules of Golden Dreams Therapeutic Riding Center and to obey the directions of the instructor and other governing officials of activities. I agree to release, hold harmless, and keep indemnified Golden Dreams Therapeutic Riding Center – it's officers, participants, managers, employees, agents, volunteers, successors, heirs, horse and property owner and assigns from any and all costs of defending such claims, including attorneys' fees of all claims, actions, costs, expenses and demands in respect to death, injury, loss or damage to my person or property, howsoever caused, arising out of or in connection with my taking part in these Program even if the same may have been contributed to or occasioned by the negligence of the said body or any of its agents, servants, or representatives. It is understood and agreed that this agreement is to be binding upon myself, my heirs, executors and assigns under the laws of the State of Virginia related to Equine Activity Liability.

I UNDERSTAND THAT THIS IS A LEGAL DOCUMENT. I HAVE READ AND UNDERSTOOD THIS RELEASE AND I UNDERSTAND ALL ITS TERMS. I EXECUTE IT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS MEANING AND SIGNIFICANCE. I HEREBY ASSUME ALL OF THE RISKS ASSOCIATED WITH EQUINE RELATED ACTIVITIES.

Print Participant's Name: _____

Participant's Signature _____

Date: _____

Signature of 1st Parent or Guardian* _____

Printed Name: _____

Date: _____

Signature of 2nd Parent or Guardian* _____

Printed Name: _____

Date: _____

*PARENT OR GUARDIAN MUST SIGN IN ADDITION TO PARTICIPANT UNDER
EIGHTEEN YEARS OF AGE
BOTH PARENTS WITH LEGAL CUSTODY OF A MINOR MUST SIGN