

****e-mail address:** _____

SPECIAL RIDERS OF SUMNER
Therapeutic Horseback Riding Program

Volunteer Application

Name: _____ Date of Birth: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

How did you hear about Special Riders of Sumner?

What would you like to achieve by volunteering for Special Riders of Sumner?

Do you have any physical limitations that we should be aware of, such as epilepsy, seizure disorders, etc.? Explain.

What horse experience do you have? (None is required.)

Do you have any experience working with persons with disabilities?

Emergency contact name & number: _____

Have you ever been charged or convicted of ANY crime that would make you a risk as a volunteer to a youth or adult rider or other volunteer? ___Yes ___No If yes, please explain.

Which days are best for you? ___Tuesday ___Thursday ___Both

Please provide two (2) local character references we may contact in regard to your participation in our program. (no immediate family)

(1) Name: _____ Phone: _____

(2) Name: _____ Phone: _____

I, _____ do attest by my signature below that the information I have provided above is accurate and truthful.

Volunteer Signature Date

Are you interested in working in other areas?

Fundraising ___ Photography/Video person ___ Newsletter ___ Other _____

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Release of Responsibility & Wavier Form

I, _____, hereby affirm that I understand the possible risk to my safety and health as a volunteer for Special Riders of Sumner and that I agree to assume any and all such risks for their participation in this program. I further agree to release from responsibility the program Special Riders of Sumner, its Board of Directors, its operating site owners, its program horse owners, its volunteers and other participants, for any occurrences during my service to the program. I agree that I, nor anyone acting on my behalf, shall pursue any legal action against those parties named above and related to Special Riders of Sumner under any circumstance(s).

Signature of Parent/Guardian

Date

