

2020 Volunteer Application  
**RIVER VALLEY RIDERS**  
Equine Assisted Activities and Therapies



Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Extension: \_\_\_\_\_

Email: \_\_\_\_\_

**Circle the location(s) you are interested in:**

Afton: 2007 Neal Avenue South

North Metro

***The following information helps the instructors to best match volunteers with riders and horses:***

Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Birth Month and Year: \_\_\_\_\_

**Emergency Contact**

Notify: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

***In case of emergency, RVR will call 911 to secure appropriate medical care.***

**Circle which area(s) you are interested in:**

side-walking with a rider

leading a horse

carriage driving

day-time volunteering

newsletter/writing

fundraising events

photography/video creation

facility/garden maintenance

\*\*\*\*\* **COMPLETE BOTH SIDES** \*\*\*\*\*

**Volunteer Liability Release**

As a volunteer at River Valley Riders, I acknowledge the risks and potential for risks of a horseback riding and carriage driving program. **I understand that under Minnesota law (statute 604A.12) and Wisconsin law (statute 895.481), River Valley Riders is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities.** I accept the risk assumed and 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 River Valley Riders, its board of directors, instructors, therapists, volunteers and/or employees for any and all injuries and/or losses I may sustain while participating in River Valley Riders.

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

Parent/Guardian Name (if a minor): \_\_\_\_\_

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

**Confidentiality Policy**

I, as a River Valley Riders volunteer, will to the best of my ability preserve the confidentiality for all individuals in our program. This includes all medical, social, referral, personal, and financial information regarding clients and their families.

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

**Photo Release**

I consent to and authorize the use and reproduction by River Valley Riders of any and all photographs and any other audio-visual materials taken of me for promotional material, website, educational activities, exhibitions or for any other use for the benefit of the program.

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

Parent/Guardian Name (if a minor): \_\_\_\_\_

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

**Employment Information**

River Valley Riders frequently seeks funding from corporate foundations. Please list your employer and job title to assist in these requests. Please check with your employer for any volunteer service or matching gift programs available.

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Veteran