

2018 Volunteer Application  
**RIVER VALLEY RIDERS**  
**Therapeutic Horse Riding and Carriage Driving Program**

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

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

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

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

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

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

Height: \_\_\_\_\_ Circle your age group: <14 14-17 18-29 30-49 50+

Circle your month of birth: Jan. Feb. Mar. Apr. May June July Aug. Sept. Oct. Nov. Dec.

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

Afton: 2007 Neal Avenue South                      North Metro/Chisago City: Rick-A-Shay Ranch

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

side-walking with a rider                      leading a horse                      carriage driving

day-time volunteering                      newsletter/writing                      public relations

photography/video creation                      fundraising events                      horse show

**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: \_\_\_\_\_

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

**Confidentiality Policy**

River Valley Riders will preserve the right of confidentiality for all individuals in our program. The volunteers and staff shall keep confidential all medical, social, referral, personal, and financial information regarding clients and their families.

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

**In Case of Emergency**

Notify: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance carrier: \_\_\_\_\_ Hospital: \_\_\_\_\_

Any medical conditions you may have: \_\_\_\_\_

Anything special we should know: \_\_\_\_\_

In case of emergency, I give permission for River Valley Riders to secure medical treatment including x-rays, surgery, hospitalization and medication.

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

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

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: \_\_\_\_\_

**Volunteer History**

Circle the years that you have volunteered with River Valley Riders:

2000-2001-2002-2003-2004-2005-2006-2007-2008-2009-2010-2011-2012-2013-2014-2015-2016-2017

**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