

2021 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

May Township

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

Height: _____ ft. _____ in. Birth Month and Year: _____

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

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: _____

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

***** **FOR OFFICE USE ONLY** *****

Completed Background Check Valid through: 12/31/ N/A

Liability Release Completed

Photo Release Completed

COVID-19 Release Completed

New Volunteer Questionnaire Completed N/A

Horse Leader Questionnaire Completed N/A

Reviewed by: Staff Initials: _____

Date: _____