

2019 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 2018

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