

Volunteer Application
RIVER VALLEY RIDERS
Equine-Assisted Services



Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Extension: _____

Email: _____

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

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

Other Languages: ASL Spanish Other: _____

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

Volunteer Questionnaire

Name: _____

How did you hear about River Valley Riders?

- Facebook
 Newspaper
 Flyer
 Website
 Word of Mouth
 Other: _____

Do you have any previous experience working/volunteering with people who have disabilities? If so, where and please describe your experiences:

Do you have any previous experience with horses or working/volunteering with an equine-assisted services program? If so, where and please describe your experiences:

Most riders may require side walkers. Side walkers will be required to have physical contact with the rider to aid in staying secure, straightening the rider or assisting the rider in mounting and dismounting. Will you be comfortable with this close contact?

Yes	No	Maybe
-----	----	-------

Please describe any concerns:

Do you have any health limitations that would make it difficult for you to do the following:

- | | | |
|--|-----|------------|
| Walk on uneven ground for 45 minutes? | Yes | No problem |
| Jog a couple minutes to keep up with a trotting horse? | Yes | No problem |
| Allergies to horses, hay or pollens? | Yes | No problem |

Please describe any concerns:

Volunteer Release/Waiver
RIVER VALLEY RIDERS
Equine-Assisted Services



Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Volunteer Liability Release

As a volunteer at River Valley Riders, I acknowledge the risks and potential for risks being involved with a horseback riding and carriage driving program. Examples of the risks are being bit, stepped on, kicked or pushed by a horse, triggering back strain by lifting tack or equipment, and exposure to infectious diseases. These are some of the potential risks but there are others that may result in bodily injury, permanent disability, death, property damage or loss. **I understand that under Minnesota law (statute 604A.12) 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 ("Released Parties") for any and all injuries and/or losses I may sustain while participating in River Valley Riders at all times and at all locations.

Choose one box to complete and then continue to Page 2.

I am 18 years of age or older and do not have a legal guardian.

Signature: _____ Date: _____

For volunteers under the age of 18 years or with one or more legal guardians:

This is to certify that I, as Parent, Guardian or Temporary Guardian with legal responsibility for the volunteer, do consent and agree to this Liability Release on behalf of the volunteer and myself. Also I release and indemnify the Released Parties from any and all liabilities and claims incident to the volunteer's involvement in these activities for myself, my heirs, successors and assigns.

All parents or legal guardian(s) of the volunteer must acknowledge and by their signature, they release all claims that they and the volunteer may have.

Signature of Parent/Legal Guardian(s): Printed Name of Parent/Legal Guardian(s): 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.

Choose one box to complete.

I am 18 years of age or older and do not have a legal guardian.

Signature: _____ Date: _____

For volunteers under the age of 18 years or with one or more legal guardians:

This is to certify that I, as Parent, Guardian or Temporary Guardian with legal responsibility for the volunteer, do consent and agree to this Photo Release on behalf of the volunteer and myself.

All parents or legal guardian(s) of the volunteer must acknowledge and by their signature, they release all claims that they and the volunteer may have.

Signature of Parent/Legal Guardian(s): Printed Name of Parent/Legal Guardian(s): Date:

Emergency Contact

Notify: _____ Relationship: _____

Phone 1: _____ Phone 2: _____

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