



2009 Volunteer Registration Update

Volunteer Name _____

If any of your information has changed, please complete the appropriate portions below.

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail: _____

Emergency Medical Information:

Physician _____ Phone _____

Preferred medical facility _____

Health Insurance Company _____

Policy# _____

Contact person (name) _____ (phone) _____

Contact person (name) _____ (phone) _____

Allergies to meds or food: _____

Current medications: _____

I confirm that all information provided on this update is accurate and up to date:

Signed by volunteer or legal parent/guardian _____

I am interested in volunteering for the following session(s):

- Session 1 3/16/09 – 5/02/09
- Session 2 5/11/09 – 6/20/09
- Session 3 6/29/09 – 8/08/09
- Session 4 8/24/09 – 10/3/09
- Session 5 10/12/09 – 11/16/09
- Session 6 11/30/09 – 12/19/09 (3 week mini session)

To assist in the lesson scheduling process, please check below the days & times that are best for you:

Mon__ Tue__ Wed__ Thu__ Fri__ Sat__
Mornings _____ Afternoons _____ Evenings _____

Please list all of your times of availability.

Please indicate how many lessons you would like to work in. _____

Check which areas you are interested in volunteering:

Program volunteer

- Leading a horse for students
- Side-walking with student
- Stable management
- Facility repairs
- Helping hand for lessons

Administration

- Public Relations
- Fundraising
- Newsletter
- Volunteer Recruitment
- Photography/Video
- Budget/Finance
- Future planning

Release of Claim

The instructors, officers, directors, and volunteers of EquiCenter, Inc. are hereby released, acquitted, and discharged from any claim for damage or suit by reason of any injury, illness, or damage to persons or property during the course of EquiCenter, Inc. riding sessions or activities, including transportation to and from the sessions, and in that regard, I hereby covenant that on my behalf not to file a claim or bring a suit with respect to any such injury, illness or death.

Signature of volunteer _____ Date _____

Signature of parent/guardian if volunteer is under the age of 18:

Relationship _____

Emergency Medical Information & Release

Physician's Name _____ Phone _____

In the event of an emergency, please contact _____

Phone #1 _____ Phone #2 _____

Relationship _____

In the event of an emergency, the undersigned authorizes any licensed physician and/or emergency medical personnel to provide any medical/surgical care and/or hospitalization, for the undersigned or the dependent
Volunteer under the age of 18 that the undersigned represents, including anesthetic, that they determine necessary or advisable, pending receipt of specific consent from the undersigned or his/her legal representative.

Signature of volunteer _____ Date _____

(parent/guardian if volunteer is under the age of 18)

Background Information

Have you ever been charged or convicted of a crime/felony? _____ If yes, please explain _____

I, the undersigned, authorize EquiCenter, Inc. to receive information from any law enforcement agency, including police and sheriffs departments, of the state or any other state or federal government, to the extent permitted by state and federal law, pertaining to any convictions I may have had for violations of state or federal criminal laws, including but not limited to convictions for crimes committed upon children. I understand that such access is for the purpose of considering my application as a volunteer and that I expressly DO NOT authorize the operating center, its directors, officers, employees or other volunteers to disseminate this information in any way to any other individual, group, agency, organization or corporation.

Signature _____ Date _____

Current driver's license # _____ State _____ Expiration Date _____

Photo Release

- I Do**
- I Do Not**

consent to and authorize the use and reproduction by EquiCenter, Inc. of any and all photographs and any other audio visual materials taken on me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Signature _____ Date _____