

Trinity Equestrian Center

S5300 State Road 37
Eau Claire, WI 54701
(715) 835-4530
trinity-ec.com



Volunteer Information Form

Name _____
Address _____ City _____ Zip _____
Home Phone _____ Work Phone _____ Cell, Pager, Other _____
Which phone number is the best to reach you? _____ Date of Birth _____
E-mail _____

In Case of Emergency (MANDATORY)

Please contact: Name _____ Relationship _____
Home Phone _____ Work Phone _____ Cell, Pager, Other _____
Address _____ City _____ Zip _____
Physician _____ Phone _____
Hospital/HMO and Location _____

I give my consent to Trinity Equestrian Center to secure medical transportation and treatment, including x-ray, surgery, hospitalization and medication

I do not give my consent for emergency medical treatment/aid in the case of illness or injury while being on the property of the agency. In the event emergency treatment/aid is required, I wish the following procedures to take place _____

Date _____ Signature _____

Date _____ Signature _____

Parent signature for volunteers under the age of 18

Volunteer Liability Release (MANDATORY)

In accordance with the Wisconsin Law relating to the limitation of civil liability regarding equine activities: "NOTICE: A person who is engaged for compensation in the rental of equines or equine equipment or tack or in the instruction of a person in the riding or driving of an equine or in the being a passenger upon an equine is not liable for the injury or death of a person involved in the equine activities resulting from the inherent risks of equine activities, as defined in section 895.481(1)(e) of the Wisconsin Statutes." As a volunteer at Trinity Equestrian Center, I acknowledge the risks and potential for risks of a horseback riding program. However, I feel that the possible benefits to myself and the client I work with are greater than the risk assumed. 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 Trinity Equestrian Center, its board of directors, instructors, therapists, volunteers, and/or employees for any and all injuries and/or losses I may sustain while participating in Trinity Equestrian Center programs.

Date _____ Signature _____

Date _____ Signature _____

Parent signature for volunteers under the age of 18

Photo Release (MANDATORY) I do I do not

Consent to and authorize the use and reproduction by Trinity Equestrian Center of any and all photographs and any other audio-visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Date _____ Signature _____

Date _____ Signature _____

Parent signature for volunteers under the age of 18

Additional Information

Program Volunteer

- Therapeutic Riding
 - Lead Horse/Sidewalker
 - Professional Therapist
 - NARHA Certified Instructor
- Ranch Care
 - Child Care Assistant
 - Horse-day Helper
- Day Camp Assistant

Facility/Barn

- Facility Maintenance
- Barn Chores
- Site Workdays
- Lawn Care / Gardening

Administration

- Fund Raising
- Volunteer Recruitment
- Photography / Video
- Grant Writing
- Community Connections
- Supply Acquisition

How did you learn about Trinity Equestrian Center? _____

State law allows agencies to do background screening on volunteers working directly with children. Do you authorize us to do so? Yes No WI Drivers License # _____

Can you walk for 60 minutes and jog short distances? Yes No

Do you have any medical conditions we should know about? If so, please describe _____

Are you able to provide transportation assistance to other volunteers living near you? Yes No

Please indicate the days of the week and time of day you are able to volunteer:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
MORNING						
AFTERNOON						
EVENING						

Your Employer: _____

Address _____ Products/Services _____

Please describe if you have experience working with individuals who have special needs _____

Do you have a friend who would be interested in receiving volunteer information from Trinity Equestrian Center?

Name _____ Phone Number _____

FOR OFFICE USE ONLY:

VOLUNTEER CALLED Date _____ ADDED TO DATABASE Date _____
 VOLUNTEER TRAINING Date _____ REFRESHER TRAINING Date _____