

TRINITY EQUESTRIAN CENTER

55300 State Road 37, Eau Claire WI 54701

Volunteer Application

Date: _____
Name: _____ DOB: _____
Address: _____ City: _____ Zip: _____
Phone: _____ Email: _____
Preferred method of communication: Call ___ Text ___ Email ___

In Case of Emergency (MANDATORY):

Name of Contact: _____ Relationship: _____
Cell Phone: _____ Home Phone: _____
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/guardian 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 being a passenger upon an equine is not liable for the injury or death of a person involved in 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/guardian signature for volunteers under the age of 18

Volunteer Application – Page 2

Photo Release (MANDATORY) I do I don't

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/guardian signature for volunteers under the age of 18

Availability

When are you available for volunteer assignments?

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
MORNING						
AFTERNOON						
EVENING						

Interests

In which areas are you most interested in volunteering?

- | | |
|--|--|
| <input type="checkbox"/> Horse chores (AM or PM) | <input type="checkbox"/> Program Volunteers (Horse handling, side walking) |
| <input type="checkbox"/> Horse grooming/Tacking | <input type="checkbox"/> Facility cleaning |
| <input type="checkbox"/> Horse Care | <input type="checkbox"/> Facility maintenance/lawn care |
| <input type="checkbox"/> Tack Cleaning | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Horse Exercise *** | |

****Must be an experienced, approved rider to be a part of our Horse Exercise Program. Trinity Equestrian Center does not provide basic horseback riding lessons, and this exercise program is solely for the physical benefit of our therapy horses. Please discuss with the Trinity Equine Specialists Team for further information.*

Special skills or Qualifications

Skills and qualifications can be acquired through employment, previous volunteer work, or other activities such as hobbies or sports. What skills or qualifications do you have as a volunteer?

Previous Volunteer Experience

Have you worked as a volunteer before? If so, what did you do?

How did you learn about Trinity? _____

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: _____

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 # _____