

Special Equestrians Therapeutic Riding and Driving Program

2800 Street Road • P.O. Box 1001 • Warrington, PA 18976

Phone: (215) 918-1001 • Fax: (215) 918-9080

Volunteer Registration and Questionnaire

Name: _____

Today's Date: _____ DOB (Optional if over 18): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell or Work Phone: _____

E-mail Address: _____

If you are volunteering for graduation requirements or job credit, please briefly explain the program in which you are involved, and provide the Volunteer Coordinators with any additional paperwork that needs to be completed. _____

Please indicate the times and days that you are available to volunteer. We do not run lessons on Sundays or Mondays, but will be open for specific hours to take care of the horses.

Day:	Times:
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

Do you have any prior experience working with horses? Please briefly explain. _____

Do you have any previous experience working with individuals with mental, physical, or emotional disabilities? Please briefly explain. _____

What are your interests, hobbies, and professional skills? We are always finding new ways to make your volunteering experience optimally rewarding for you and optimally useful to us. _____

Are there any jobs you do not wish do to? _____

How did you find out about our organization? _____

Do you have any additional comments or questions? _____

Emergency Medical Information

No person will be accepted for volunteering at Special Equestrians until this form has been completed by the individual, if over 18, or a parent or guardian, if under 18, and returned to the Volunteer Coordinators.

Volunteer's name: _____

Parent or Guardian if under 18: _____

Daytime phone, if different from previous page: _____

Emergency Contact Name: _____ Phone: _____

Relation to Volunteer: _____

- or -

Person who is authorized to give temporary assistance or care in absence or parent or guardian:

Name: _____ Phone: _____

Health Insurance Company: _____ Policy #: _____

Do you have any allergies? _____

Do you have and medical conditions requiring special precautions or treatment? _____

Physician's name: _____

Phone: _____ Affiliation (if any): _____

Preferred Medical Facility: _____

In case of medical emergency, the undersigned authorizes _____
to provide such medical assistance as they determine to be necessary.

The undersigned authorizes any licensed physician and/or medical facility to provide any medical/surgical care and/or hospitalization for the volunteer, including anesthetic, which they determine necessary or advisable, pending receipt of a special consent form from the undersigned.

No liability can be accepted by any of the organizations concerned including Special Equestrians.

Volunteer Signature (if over 18)

Date

Parent or Guardian Signature (if under 18)

Date

Liability Release

I, _____ would like to participate at Special Equestrians as a volunteer. I acknowledge that there are inherent risks and potential for injury when working around and riding horses. I agree to be legally bound for myself (or my son or daughter, if volunteer is under 18) and hold Special Equestrians, its Board of Directors, instructors, therapists, aids, students, employees, and volunteers, and the township of Warrington, its employees, supervisors, and associates harmless of any claim for damages, loss, or injury while at the Special Equestrians facility located at 2800 Street Road, Warrington, PA, or while off the property in conjunction with Special Equestrians.

Volunteer Signature (if over 18)

Date

Parent or Guardian Signature (if under 18)

Date

Confidentiality Release

Special Equestrians shall preserve and respect the right of confidentiality for all individuals in our therapeutic riding and driving program. The volunteers and staff of Special Equestrians must keep confidential any and all medical, social, referral, personal, and financial information regarding individuals and their families in our program. The Executive Director of the program will address any breach of confidentiality.

I, _____, understand and agree to abide by the confidentiality policy of Special Equestrians.

Volunteer Signature (if over 18)

Date

Parent or Guardian Signature (if under 18)

Date

Photo Release

Special Equestrians uses photographs and audio-visual materials for promotional purposes, teaching seminars, and exhibition display. If you **DO NOT** want yourself (or your son or daughter, if volunteer is under 18) included in our photographs and audio-visual materials, please sign below.

Volunteer Signature (if over 18)

Date

Parent or Guardian Signature (if under 18)

Date