



Reining Hope Adaptive Equine Assisted Activities & Therapies LLC

574 Sunset Drive
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Morgan, VT 05853
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"Wish It, Dream It, Do It!"

Volunteer Registration & Release Form

PLEASE PRINT CLEARLY

NAME: _____ DATE OF BIRTH: ___/___/___ AGE: _____

Check one: Miss ___ Ms. ___ Mrs. ___ Mr. ___ HEIGHT: _____ NAME OF SPOUSE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (H) _____ (C) _____ (W) _____

EMAIL: _____

PLACE OF EMPLOYMENT/SCHOOL: _____

Occupation: _____

Check that Apply: ___ My employer gives time off for volunteering ___ My employer matches cash donations

PARENT/GUARDIAN NAME: _____ PHONE: _____

(for volunteers under 18 years of age)

REFERENCE NAME (non-relative): _____ PHONE: _____

Reason for volunteering: personal fulfillment ___ school requirement ___ court required community service ___

Other: _____

How did you hear of Reining Hope? (check all that apply): ___ Friend ___ Relative ___ Flyer ___ Newspaper ___ Other: _____

PLEASE READ EACH OF THE FOLLOWING ITEMS BEFORE SIGNING:

PHOTO RELEASE: ___ I consent to and authorize ___ I do not consent to nor authorize the use and reproduction by Reining Hope AEAAT, LLC of any and all photographs and any other audiovisual materials taken of me for promotional printed materials, educational activities, exhibitions, or for any other use for the benefit of the program. _____ Initial

LIABILITY RELEASE: I acknowledge the risks and potential risks of horseback riding and working with horses, including grievous bodily harm. However, I feel that the possible benefits to myself are greater than the risks 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 Reining Hope AEAAT, LLC, its Board of Directors, Members, Instructors, Therapists, Aides, Volunteers, and/or Employees for any and all injuries and/or losses I may sustain while participating as a Reining Hope volunteer from whatever cause, including but not limited to the negligence of these related parties. _____ Initial

The undersigned acknowledges that he/she has read this Volunteer Application in its entirety; that he/she understands the terms of this release and has signed this release voluntarily and with full knowledge of the effects thereof. _____ Initial

Date: _____ Signature: _____

If the volunteer is under 18 years of age, both parent/legal guardian & volunteer signatures are required.

CONFIDENTIALITY POLICY

At Reining Hope, we place great importance on protecting the confidential information of our clients, our staff and our volunteers. "Confidential Information" includes, but is not limited to, personally identifiable information such as surnames, telephone numbers, addresses, emails, etc., as well as the non-public business records of Reining Hope. In particular, medical information about clients, and information about their disabilities or special needs, must be protected as Confidential Information. Volunteers shall never disclose Confidential Information to anyone other than Reining Hope staff. Volunteers must seek staff permission before taking any pictures or videos. **I have read and understand Reining Hope Confidentiality Policy and agree to abide by the same.**

Date: _____ Signature: _____

If volunteer is under 18 years of age, both parent/legal guardian & volunteer signatures are required.