



Volunteer / Staff Information
(Media Release and Confidentiality Statement)

Volunteer/Staff Name: _____ Date of Birth: _____ Age: _____

Address: _____ State: _____ Zip: _____

Employer/School: _____

Work Address: _____ State: _____ Zip: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Parent/Legal Guardian Name: _____

Address: _____ State: _____ Zip: _____

Adult Caregiver Name (if any): _____ Address: _____ Phone: _____

How did you learn about this program? _____

Background Information; Have you ever been convicted of a felony? No Yes

If yes, explain:

I understand that the information provided is accurate to the best of my knowledge. I know of no reason why I should not participate or volunteer in the activities, equine or otherwise, associated with Horseplay Therapeutic Riding Program, Inc. I agree to abide by all of the Policies and Program Rules set forth during my volunteer training session.

Signature: _____ Print Name: _____ Date: _____
(Volunteer / Staff - Parent/legal guardian must sign for children under 18 or wards of the court.)

Signature of Parent/Guardian: _____ Print Name: _____ Date: _____

CHECK ALL AREAS/TASKS/SKILLS YOU ARE INTERESTED IN:

Program Volunteer

- Leading a horse
- Side walking with a student
- Refreshments
- Board Member

Horse Shows

- Office Crew
- Ring Crew
- Gates
- Banquet
- Ribbons/Awards

Administration

- Fundraising
- Newsletters/Mailings
- Volunteer Recruitment
- Scrapbook/Historian
- Marketing

