



PO Box 336 ♦ East Kingston, NH ♦ 03827  
 Phone (603) 642-3722 ♦ Fax (603) 642-3707  
 riding@wingsandhooves.org ♦ www.wingsandhooves.org

## Volunteer Application

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**(Please Print)**

Today's Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 (Month) (Day) (Year)

Name: \_\_\_\_\_  
 (First) (Middle Initial) (Last)

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
 (Month) (Day) (Year)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) - \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) - \_\_\_\_\_

If student, name of School and grade: \_\_\_\_\_

Reference (non-relative only): \_\_\_\_\_ Telephone: (\_\_\_\_\_) - \_\_\_\_\_

\*\*\*\*\* Parent or Guardian (where applicable) \*\*\*\*\*

Name: \_\_\_\_\_  
 (First) (Middle Initial) (Last)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) - \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) - \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Work Phone: (\_\_\_\_\_) - \_\_\_\_\_ Email: \_\_\_\_\_

***Please note the day(s) and time(s) you are available to volunteer:***

DAY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<b>Time</b>							

**Please check the areas you are interested in:**

- Assisting students during lessons       Special Events       Other \_\_\_\_\_
- Assisting students in the barn       Office Work

**Please answer the following questions:**

1. Do you have previous riding experience? Yes / No      How long? \_\_\_\_\_

Please describe \_\_\_\_\_

2. Have you ever done any grooming and tacking of horses? Yes / No

Please describe \_\_\_\_\_

3. Do you have any experience working with individuals with challenges? Yes / No

Please describe \_\_\_\_\_

4. Do you feel comfortable walking and jogging next to the horses? Yes / No

5. Do you have a current driver's license? If yes, Issuing State: \_\_\_\_\_ Number \_\_\_\_\_

6. How did you learn about the program? \_\_\_\_\_

Please give a brief description of your additional experience and/or abilities: \_\_\_\_\_

**HEALTH INFORMATION**

**Recent Medical Test Dates:**      **Last Tetanus Shot:** \_\_\_\_\_      **Tuberculosis Test:** \_\_\_\_\_

(Please consult your physician or local health department if you are not up to date with these shots/tests)

**Health History:**

Please describe your current health status, particularly regarding the physical/emotional demands of working in an equine assisted program. Address fitness, cardiac, bone or joint function, recent hospitalizations/surgeries, or lifestyle changes. \_\_\_\_\_

**OTHER**

Have you ever been convicted of a crime? Yes / No      If yes, please describe \_\_\_\_\_

I, \_\_\_\_\_ (volunteer), authorize Wings and Hooves Therapeutic Riding, Inc. to receive information from any law enforcement agency, including police departments and sheriff's departments, of this state or any other state or federal government, to the extent permitted by state and federal law, pertaining to any convictions I may have had for violations of state or federal criminal laws, including but not limited to convictions for crimes committed upon children or animals. This may or may not include conducting a background check inquiry to the State of New Hampshire and/or the Federal Government.

I understand that such access is for the purpose of considering my application as a volunteer, and that I expressly DO NOT authorize Wings and Hooves Therapeutic Riding, Inc., its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization, or corporation.

Signature: \_\_\_\_\_  
(Volunteer or Parent/Legal Guardian where applicable)

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Month) (Day) (Year)

**PHOTO RELEASE**

***I CONSENT / DO NOT CONSENT (please circle one) to and authorize the use and reproduction by Wings and Hooves Therapeutic Riding, Inc. 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.***

Signature: \_\_\_\_\_  
(Volunteer or Parent/Legal Guardian where applicable)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Month) (Day) (Year)

**CONFIDENTIALITY AGREEMENT**

***I understand that all information (written and verbal) about participants at Wings and Hooves Therapeutic Riding, Inc. is confidential and will not be shared with anyone without the expressed written consent of the participant and/or their guardian(s).***

Signature: \_\_\_\_\_  
(Volunteer or Parent/Legal Guardian where applicable)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Month) (Day) (Year)

**VOLUNTEER RELEASE OF LIABILITY**

***As a volunteer at Wings and Hooves Therapeutic Riding, Inc., I acknowledge the risks and potential for risks of a horseback riding program. However, I feel that the possible benefits to myself and the students 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 Wings and Hooves Therapeutic Riding, Inc., its Board of Directors, instructors, therapists, aids, claims for damages against Wings and Hooves Therapeutic Riding, Inc. programs or while being on the premises operated by Wings and Hooves Therapeutic Riding, Inc.***

Signature: \_\_\_\_\_  
(Volunteer or Parent/Legal Guardian where applicable)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Month) (Day) (Year)

**VOLUNTEER APPLICATION CERTIFICATION**

***I certify that the answers given herein are true and complete to the best of my knowledge. I know of no reason why I should not participate in the Wings and Hooves Therapeutic Riding, Inc. program. I authorize the investigation of all statements contained within this volunteer application for Wings and Hooves Therapeutic Riding, Inc. I understand and agree that false and misleading information given in my application may result in the immediate discharge from volunteer services at Wings and Hooves Therapeutic Riding, Inc.***

Signature: \_\_\_\_\_  
(Volunteer or Parent/Legal Guardian where applicable)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Month) (Day) (Year)