Silver Horse Ranch Therapeutic Riding - Volunteer Registration/Orientation

1. Volunteer Information

First Name: _____ **Last Name:**_____
Preferred Name: _____ **Birthdate:** _____
Gender: _____ **Height:** _____
Address: _____
Phone: _____ **Email:** _____
Preferred Contact Method: ☐ Text ☐ Email ☐ Call
How did you hear about us? _____
Preferred Day/Time to Volunteer:

Please check in the boxes you are available or write in specific times

Day	Morning (9am-Noon)	Afternoon (Noon-5pm)	Evening (5pm-8pm)
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

2. Emergency & Health Information

Emergency Contact: _____ **Relationship:** _____
Emergency Phone: _____ **Email:** _____
Preferred Medical Facility: _____
Primary Physician: _____ **Physician Phone:** _____
Physician Address: _____

Do you have any medical conditions (asthma, diabetes, limitations, etc.)?
☐ Yes ☐ No If yes, please describe:

_____

Do you have any allergies?

☐ Yes ☐ No If yes, please describe:

_____

In case of emergency, I authorize medical treatment by qualified personnel.
Initials: _____

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3. Volunteer Roles & Experience

What role are you interested in?
☐ Sidewalker ☐ Horse Leader ☐ Other: _____

Can you walk for 60 minutes, jog short distances, and lift your arm above shoulder height while supporting weight?
☐ Yes ☐ No

Do you have horse experience?
If yes, please describe:

Do you have experience working with people with disabilities?
If yes, please describe:

Other skills (photography, carpentry, teaching, etc.):

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4. Photo Release

I consent to the use and reproduction by Silver Horse Ranch Therapeutic Riding, Silver Horse Ranch, & Powell Performance Horses, LLC of any photographs or audio/visual materials taken of me for promotional, educational, or exhibition purposes. Only first names will be used unless specific permission is given.

☐ Consent ☐ Does Not Consent

Name: _____
Signature: _____
Date: _____

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5. Confidentiality Policy

Client and volunteer records are considered confidential. Silver Horse Ranch Therapeutic Riding will not disclose protected information without authorization unless required by law. Do not discuss or post information or photos of clients on social media. Ask the instructor privately if you have questions or concerns regarding a client.

I have read and understand the information in this document. To my knowledge I have filled out the information truthfully

Name: _____
Signature: _____
Date: _____

6. Social Media Policy

Volunteers will not post client information or photographs on personal social media. Silver Horse Ranch, Silver Horse Ranch Therapeutic Riding and Powell Performance Horses, LLC, controls what is posted on their corresponding social media outlets. Only those with a signed photo release may have photographs posted.

I acknowledge the Social Media Policy

Name: _____
Signature: _____
Date: _____

7. Emergency medical treatment

In the event that emergency medical aid/treatment is required due to illness or injury while being on property of the agency, I understand that Silver Horse Ranch Therapeutic Riding, Silver Horse Ranch, and Powell Performance Horses, LLC, will:
1.secure and retain medical treatments and transportation if necessary
2. Release volunteer record upon request to the authorized individual or agency involved in the medical emergency treatment.

I acknowledge

Name: _____
Signature: _____
Date: _____

8. Administrative Use Only

Date Received: _____ **Orientation Date: _____**
Assigned Role: _____ **Notes: _____**