



# Volunteer Registration Form

|                   |
|-------------------|
| Entered by: _____ |
| Reviewed: _____   |
| Date: _____       |

Today's Date: \_\_\_\_\_

## I. Personal Information

Birth Date: \_\_\_\_\_

Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_ Work Ph: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Ph: (\_\_\_\_) \_\_\_\_\_

May we contact you at work?       Yes     No      Mobile Ph: (\_\_\_\_) \_\_\_\_\_

May we contact you via email?       Yes     No

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Do you have any physical limitations? Describe \_\_\_\_\_

Parent/guardian/caregiver name & phone (if applicable): \_\_\_\_\_

## II. General Information

How did you hear about Riding Unlimited? \_\_\_\_\_

Why are you interested in volunteering at Riding Unlimited? \_\_\_\_\_

Have you volunteered with Riding Unlimited before?    Yes      No      Date: \_\_\_\_\_

Describe your experience with horses? \_\_\_\_\_

## III.

- |  |   |
|--|---|
| <input type="radio"/> Horse Leader/Handler       | <input type="radio"/> Facility Improvements / ranch maintenance |
| <input type="radio"/> Sidewalker                 | <input type="radio"/> Feeding Horses / stable care              |
| <input type="radio"/> Special Olympics Events    | <input type="radio"/> Hay Hauling                               |
| <input type="radio"/> Coordinating Volunteers    | <input type="radio"/> Fence Work                                |
| <input type="radio"/> Newsletter                 | <input type="radio"/> Plumbing                                  |
| <input type="radio"/> Grant writing              | <input type="radio"/> Electrical Work                           |
| <input type="radio"/> Computer Tech              | <input type="radio"/> Carpentry                                 |
| <input type="radio"/> Special Events             | <input type="radio"/> Welding                                   |
| <input type="radio"/> Special Events Coordinator | <input type="radio"/> Fund Raising                              |
| <input type="radio"/> Marketing /Advertising     | <input type="radio"/> Committee Participation                   |
| <input type="radio"/> Board Membership           | <input type="radio"/> Public Speaking/Relations                 |

Please list any other information about yourself which you feel could be useful to the program.

\_\_\_\_\_  
\_\_\_\_\_

## Authorization for Emergency Medical Treatment Form

**Participant**     **Staff**     **Volunteer**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian (if applicable): \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Preferred Medical Facility: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Allergies to medications: \_\_\_\_\_

Current medications: \_\_\_\_\_

In the event of an emergency, contact:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Describe any medical conditions requiring special precautions or treatment. None or describe:

\_\_\_\_\_

**Consent Plan**

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services or while being on the property of the agency, I authorize Riding Unlimited to:

1. Secure and retain medical treatment and transportation if needed
2. Release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

This authorization includes X-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person above is unable to be reached.

Date: \_\_\_\_\_ Consent Signature: \_\_\_\_\_  
*Participant, Parent or Legal Guardian*

----- **OR** -----

**Non-Consent Plan**

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of service or while being on the property of the agency. In the event emergency treatment/aid is required, I wish the following procedures take place:

- Parent or legal guardian will remain on site at all times during equine assisted activities.
- In the event emergency treatment/aid is required, I wish the following procedure to take place

\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Non-Consent Signature: \_\_\_\_\_  
*Participant, Parent or Legal Guardian*

**RIDING UNLIMITED VOLUNTEER LIABILITY RELEASE AGREEMENT**

I, \_\_\_\_\_, (Volunteer's Name) would like to participate in the Riding Unlimited program. I acknowledge the risks and potential risks of horseback riding. However, I feel that the possible benefits to myself/my son/my daughter/my ward are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs, my assigns, executors or administrators, waive and release forever all claims for damages against Riding Unlimited, its Board of Directors, Guarantors, Instructors, Therapists, Aides, Volunteers and/or Employees for any and all injuries and/or losses I may sustain while participating in Riding Unlimited programs.

WARNING - Under Texas law (Chapter 87, Civil Practice and Remedies Code) an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

*Volunteer or Parent/Legal Guardian if under 18*

**RIDING UNLIMITED VOLUNTEER CONSENT TO  
PHOTOGRAPH, VIDEO TAPE, TELEVISE RECORDINGS AND/OR LIKE MEDIA  
RECORDINGS**

I hereby (Check one):       **Consent**                       **Do NOT Consent**

to authorize Riding Unlimited's right to photograph, televise, film, video tape and/or sound record the acts, appearances, and utterance of the undersigned and to use any descriptive words or names, including the name of the undersigned in connection therewith and without limit as to time, to produce and reproduce the same or any part thereof by any method and to use said photographs, films, video tapes and/or sound recordings for any purpose which Riding Unlimited deems proper in the interest of newspapers, television media, brochures, pamphlets, instructional material. All such photographs, films and/or sound recordings shall be the exclusive property of Riding Unlimited, and I hereby relinquish all right, title and interest therein. With respect to the foregoing, no inducements or promises have been made to me to secure my signature to this release other than the intention of Riding Unlimited, to use or cause to be used such photographs, films and pictures for the primary purpose of promoting and aiding Riding Unlimited and its work.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

*Volunteer or Parent/Legal Guardian if under 18*





**BACKGROUND VERIFICATION RELEASE FORM**

**MANDATORY FORM**

**AGENCY INFORMATION**

|  |                                       |                                     |  |
|--|---------------------------------------|-------------------------------------|--|
| Date                                       | Agency Name<br>Riding Unlimited, Inc. |                                     |  |
| Contact Name<br>Mary Gwinner               |                                       |                                     |  |
| Agency's Main Phone Number<br>940-479-2016 |                                       | Agency's Fax Number<br>940-479-2018 |  |

|   |               |   |                              |              |
|---|---------------|---|------------------------------|--------------|
| Applicant Full Name (Last, First, MI)                                       |               |   | Maiden or Other Name(s) Used |              |
| Current Address   |               |   |                              |              |
| City  |               | State   | Zip Code                     | County       |
| Social Security Number  | Date of Birth | Driver's License Number   |                              | State Issued |
| Position Applied For  |               |   |                              |              |
| <b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female |               | <b>Race</b> <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Anglo <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other |                              |              |

**APPLICANT INFORMATION:**

I hereby authorize VERIFIYI and or its Service Provider to request and receive any and all background information about or concerning me, including but not limited to my Criminal History, Social Security Number Trace including a consumer report under the Fair Credit Reporting Act, 15 U.S.C 1681, Driving Record, Employment History, Military Background, Civil Listings, Educational Background, Professional License from any Individual, Corporation, Partnership, Law Enforcement Agency, and other entities including my Present and Past Employers.

The criminal history, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications and delinquent conduct as committed as a juvenile. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization. I also understand that as long as I remain an employee or volunteer here, the criminal history check may be repeated at any time. I understand that I will have an opportunity to review the criminal history as received by client/agency and a procedure is available for clarification, if I dispute the record as received. I also understand that the criminal history could contain information presumed to be expunged.

I further release and discharge VERIFIYI and their Service Provider and all of their Subsidiaries, Affiliates, Officers, Employees, Contract Personnel, or Associates, from any and all claims and liability arising out of any request for information or records pursuant to this authorization, procurement of an investigative consumer report and understand that it may contain information about my character, general reputation, personal characteristics, and mode of living, whichever are applicable.

I understand that I have the right to make written request within a reasonable period of time to VeriFYI for additional information concerning the nature and scope of the investigation. I acknowledge that I have voluntarily provided the above information for employment/volunteer purposes, and I have carefully read and understand this authorization.

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Applicant's Printed Name*

\_\_\_\_\_  
*Parent/Guardian's Signature (if under 18 yrs. of age)*