



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? _____

- | | |
|---|--|
| <input type="checkbox"/> Horse Leader/Handler | <input type="checkbox"/> Facility Improvements / ranch maintenance |
| <input type="checkbox"/> Sidewalker | <input type="checkbox"/> Feeding Horses / stable care |
| <input type="checkbox"/> Special Olympics Events | <input type="checkbox"/> Hay Hauling |
| <input type="checkbox"/> Coordinating Volunteers | <input type="checkbox"/> Fence Work |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Grant writing | <input type="checkbox"/> Electrical Work |
| <input type="checkbox"/> Computer Tech | <input type="checkbox"/> Carpentry |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Welding |
| <input type="checkbox"/> Special Events Coordinator | <input type="checkbox"/> Fund Raising |
| <input type="checkbox"/> Marketing /Advertising | <input type="checkbox"/> Committee Participation |
| <input type="checkbox"/> Board Membership | <input type="checkbox"/> 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, TELEWISE 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 Riding Unlimited, Inc.		
Contact Name Mary Gwinner			
Agency's Main Phone Number 940-479-2016		Agency's Fax Number 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				
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Race <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)