UNH THERAPEUTIC RIDING
VOLUNTEER REGISTRATION & RELEASE FORM

PLEASE PRINT

NAME ________________________________ DATE OF BIRTH _____ / _____ / _____ AGE ______

Check one: ☐ Miss. ☐ Ms. ☐ Mrs. ☐ Mr.  HEIGHT (helps with assigning sidewalkers) ____________

ADDRESS ________________________________________________________________________________

CITY ___________________________________________ STATE ________ ZIP ________________

HOME PHONE (______)__________________________ WORK PHONE (______)_______________________

CELL PHONE (______)__________________________ E-MAIL ______________________________________

PLACE OF EMPLOYMENT/SCHOOL __________________________________ Occupation:_________________

PARENT/GUARDIAN NAME __________________________________ PHONE _________________________

(for volunteers under 18 years of age)

Reason for volunteering:  personal fulfillment__  school requirement __  court required community service __  other__

How did you hear of UNH TRP? ☐ Friend ☐ Relative ☐ Website ☐ Flyer ☐ Prof.(What class)_______ ☐ Other _______

PLEASE READ EACH OF THE FOLLOWING ITEMS BEFORE SIGNING:

PHOTO RELEASE:  ____ I consent to and authorize ___ I do not consent to nor do I authorize
the use and reproduction by UNH Therapeutic Riding of any and all photographs and any other audiovisual materials
taken of me for promotional printed material, educational activities, exhibitions, or for any other use for the benefit of the
program. ____Initial

POLICY OF CONFIDENTIALITY:  Confidentiality is defined as “told in secret or private relations; trusted.” Any
information in regards to the participants (clients) at UNH TRP must be held in strict confidentiality. It is critical that we
respect each individual. Confidentiality is considered one of the most basic responsibilities of our facility. Failure to
abide by this policy may diminish the quality of the services we provide and result in legal ramifications. I have read and
understand UNH TRP’s Policy of Confidentiality and agree to abide by same. ___Initial

LIABILITY RELEASE: I acknowledge the risks and potential for risks of horseback riding and working with horses,
including grievous bodily harm. 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 UNH Therapeutic Riding, its Instructors, Interns,
Aides, Volunteers, and/or Employees for any and all injuries and/or losses I may sustain while participating as a UNH
Therapeutic Riding volunteer from whatever cause, including but not limited to the negligence of these related parties.

The undersigned acknowledges that he/she has read this Volunteer Application in its entirety; that he/she understands the
terms of this release and has signed this release voluntarily and with full knowledge of the effects thereof. ___Initial

DATE: ______________ SIGNATURE _____________________________________________________________

SIGNATURE OF PARENT/GUARDIAN ____________________________________________________________

(If volunteer is under 18 years of age, both signatures are required)
UNH Therapeutic Riding Program

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT FOR VOLUNTEERS

In the event emergency medical aid/treatment is required due to illness or injury while being on the property of the agency, I authorize UNH Therapeutic Riding to:

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

In case of Emergency, contact: __________________________ Phone __________________________

Physician’s Name: __________________________ Town: __________________________ Phone __________________________

Preferred Medical Facility: ________________ Health Insurance Carrier: ________________ Policy #: ________________

If coverage is from UNH Health Services just check here ________________

Please indicate any allergies: __________________________________________________________________________

Please indicate any disability, limitations or medical conditions that may affect your volunteer role and that we should be aware of ___________________________________________ Date of last Tetanus shot ________________

CONSENT PLAN (to be invoked in the event that your Emergency Contact cannot be reached.) I give consent for emergency medical treatment/aid (including x-ray, surgery, hospitalization, medication, and any treatment procedure deemed “life saving” by the physician) in the event of illness or injury while on the property of the agency.

Date: __________________________ Consent Signature __________________________

(If volunteer is under 18 years of age, both signatures are required)
UNH Therapeutic Riding Program
GENERAL VOLUNTEER INFORMATION FORM

1. Please tell us of your experience with:
   • Horses:__________________________________________________________________________________________
   _________________________________________________________________________________________________
   • Leading Horses and/or Sidewalking: ______________________________________________________________
   _________________________________________________________________________________________________
   • People With Disabilities: _________________________________________________________________________
   _________________________________________________________________________________________________

2. Your Volunteer Interests:
   (A) **Lesson Program Volunteer.** I am interested in volunteering for the riding program in the following way(s):
       ___ Sidewalking Riders ___ Horse Leading (must have horse experience) ___Coordinator (grooms & tacks horses for lessons)

   (B) **Special Skills Volunteers.** Do you have skills, technical/professional experience that would be beneficial to us? If so,
       please check those that apply:
       ___Photography ___Sign Language ___Public Relations/Outreach ___Construction
       ___Fundraising Experience ___Grant Writing ___Computer ___Graphic Design
       Other (Describe)___________________________________________________________________________________

2. Please indicate your Volunteer Availability. Please indicate any dates you are NOT available.

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<th>2:30-3:15pm</th>
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<tr>
<td>Mon</td>
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<td>6:00:30pm</td>
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   In addition to my regular hours (if applicable), I am available to substitute the following day(s)/time(s): ______________________
   _______________________________________________________________________________________________________

   **Thank you for taking the time to answer this questionnaire. Your responses provide useful information to help us better assess our volunteer corps, as well as select the best assignment for you. If, at any time, you would like to change your time, day, or job assignment, please let us know.**

   UNH Therapeutic Riding
   Equine Center, 278 Mast Rd. Ext., Durham, NH 03824
   Phone: 603-862-0131   Fax: 603-862-3704