

**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 preferred Volunteer schedule.

Please indicate any dates you are NOT available.

Day

Times

Dates not avail

Day	Times				Dates not avail

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

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