

# Equi-Star, Inc.



## 2018 Volunteer Application

### Contact Information

Name	Age		
Street Address			
City	State	Zip Code	
Home Phone			
Work Phone			
E-Mail Address			

### Availability

During which hours are you available for onsite volunteer assignments? (NOTE: these times are solely for scheduled classes and chores. They do NOT include special events or fundraisers).

<input type="checkbox"/> Mon. 2:30-4:30pm	<input type="checkbox"/> Mon. 5:15-6:30pm	<input type="checkbox"/> Mon. 6:15-7:30pm
<input type="checkbox"/> Tues. 8-10am	<input type="checkbox"/> Tues. 2:30-4:30pm	<input type="checkbox"/> Tues. 5:15-6:30pm
<input type="checkbox"/> Tues. 6:15-7:30pm	<input type="checkbox"/> Tues. 5:15-6:30pm	<input type="checkbox"/> Tues. 6:15-7:30pm
<input type="checkbox"/> Weds. 8-10am	<input type="checkbox"/> Weds. 2:30-4:30pm	<input type="checkbox"/> Weds. 5:15-6:30pm
<input type="checkbox"/> Weds. 6:15-7:30pm	<input type="checkbox"/> Thurs. 2:30-4:30pm	<input type="checkbox"/> Thurs. 5:15-6:30pm
<input type="checkbox"/> Thurs. 8-10am	<input type="checkbox"/> Fri. 2:30-4:30pm	<input type="checkbox"/> Fri. 5:15-6:30pm
<input type="checkbox"/> Thurs. 6:15-7:30pm	<input type="checkbox"/> Sat. 2:30-4:30pm	<input type="checkbox"/> Sat. 9:15-10:30 am
<input type="checkbox"/> Fri. 8-10am	<input type="checkbox"/> Sun. 2:30-4:30pm	<input type="checkbox"/> Sat. 10:15-11:30 am
<input type="checkbox"/> Fri. 6:15-7:30pm		<input type="checkbox"/> Sat. 11:15am-12:30 pm
<input type="checkbox"/> Sat. 7-9am		<input type="checkbox"/> Sat. 12:15-1:30 pm
<input type="checkbox"/> Sun. 8-10am		

### Interests

Tell us in which areas you are interested in volunteering

- Board of Directors
- Program Enrichment
- Special Event Coordination
- Maintenance
- Barn Chores
- Fundraising
- Sidewalking
- Horse Handling
- Events Volunteer

## Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Please Note: We are especially interested in skills that pertain to working with horses and/or individuals with disabilities.

## Previous Volunteer Experience

Summarize your previous volunteer experience.

## Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

## Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

**PHOTO RELEASE:** I consent to and authorize the use and reproduction by Equi-Star, Inc. of any and all photographs and any other audio-visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program

**VOLUNTEER LIABILITY RELEASE:** I acknowledge the risks and potential for risks of a horseback riding program. 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 Equi-Star, Inc., the owners of the horses used in the program, and the owners of the farm where the program is located, its board of directors, instructors, therapists, volunteers and/or employees for any and all injuries I may sustain while participating in the Equi-Star, Inc. program.

**RELEASE OF CLAIM:** The instructors, officers, directors, and volunteers of Equi-Star, Inc. the horse owners and owners of the riding facility are hereby released, acquitted and discharged from any claim or damage or suit by reason of any injury, illness or damage to person or my own behalf not to file a claim or bring a suit with respect to any injury.

**EMERGENCY MEDICAL RELEASE:** In the event of any emergency, the undersigned authorizes any licensed physician and/or emergency medical personnel to provide the necessary care for the undersigned (or the dependent volunteer under the age of 18), pending receipt of specific consent from the undersigned or his/her legal representative.

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. Further, I agree to all stated policy put forth by Equi-Star, Inc.

Name (printed)	
Signature	
Date	
Signature of Guardian (if under 18)	
Date	