

THE STRAIN FAMILY EQUESTRIAN CENTER (SFEC)
VOLUNTEER REGISTRATION & RELEASE FORM

PLEASE PRINT CLEARLY

NAME _____ DATE OF BIRTH ____ / ____ / ____
AGE ____ HEIGHT: _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____

Please place a check by your preferred method of contact:

HOME PHONE (_____) _____ WORK PHONE (_____) _____
 CELL PHONE (_____) _____ E-MAIL _____

RECENT EMPLOYMENT/SCHOOL _____ Occupation: _____

My employer gives time off for volunteering

PARENT/GUARDIAN _____ PHONE _____
(for volunteers under 18 years of age)

Reason for volunteering: personal __ school requirement __ court required community service __ other __
How did you hear of SFEC? Friend Relative Newspaper Web Other _____

PLEASE READ EACH OF THE FOLLOWING ITEMS BEFORE SIGNING:

Photo & Publicity Release: __ I hereby consent to and authorize the following; __ I do not consent to, nor do I authorize 1) Strain Family Equestrian Center (SFEC) may use my (my child's) photograph or image in its print, online and video publications; 2) release SFEC, its employees and any outside third parties from all liabilities or claims that I might assert in connection with the above-described activities and 3) I waive any right to inspect, approve or receive compensation for any materials or communications, including photographs, videotapes, DVDs, website images or written materials, incorporating photos/images of me (my child).

Liability Release: I acknowledge the risks and potential for risks of horseback riding and related equine activities including grievous bodily harm. However, I feel that the possible benefits to myself are greater than the risks assumed. 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 SFEC, its owners, Instructors, Therapists, Aides, Volunteers, and/or Employees for any and all injuries and/or losses I may sustain while participating as a SFEC 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 Registration & Release form 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.

Date: _____ Signature: _____

If a volunteer is under 18 years of age, both parent & volunteer signatures are required.

CONFIDENTIALITY POLICY

At SFEC, we place great importance on protecting the confidential information of our clients, our staff and our volunteers. "Confidential Information" includes, but is not limited to, personally identifiable information such as surnames, telephone numbers, addresses, e-mails, etc., as well as the non-public business records of SFEC. In particular, medical information about clients, and information about their disabilities or special needs, must be protected as Confidential Information. Volunteers shall never disclose Confidential Information to anyone other than SFEC staff. Volunteers must seek staff permission before taking any pictures or videos. **I have read and understand the SFEC Confidentiality Policy and agree to abide by same.**

Date: _____ Signature _____ / _____
If volunteer is under 18 years of age, both parent & volunteer signatures are required.

STRAIN FAMILY EQUESTRIAN CENTER (SFEC)
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 SFEC 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 #: _____

Please indicate any allergies:

Please indicate any disability, limitations or medications or medical conditions that may affect your volunteer role, with or with reasonable accommodations, that we should be aware of _____

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 _____
(For volunteers under 18 years of age, both parent & volunteer signatures are required)

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STRAIN FAMILY EQUESTRIAN CENTER (SFEC) -GENERAL INFORMATION FORM

1. Please tell us of your experience with:

•Horses: _____

• Individuals with disabilities: _____

2. Your Volunteer Interests:

(A) **Lesson Program Volunteer.** I am interested in volunteering for the riding program in the following way:

___ Sidewalking Riders

___ Horse Leading (must have horse experience)

(B) **Office Volunteer**

___ Marketing ___ Mailings _____

(C) **Special Skills Volunteers.** Do you have skills, technical/professional experience that would be beneficial to SFEC? If so, please check those that apply: ___ Photography ___ Marketing ___ Construction

Other? _____

2. **Please indicate your Volunteer Availability.** Please check the days and time periods you are available to volunteer on a regular weekly basis. Your actual volunteer schedule will be arranged with Chris Strain, Volunteer Manager, following your Training & Orientation session.

	Mornings 9:30-12:30	Afternoons 2:00-4:00	Saturdays 9:00-1:00	Substitution times	Volunteer Referral
Tuesday					
Thursday					
Saturday					

_____ In addition to your scheduled day and time, please check if you would like to be on the Volunteer Substitute list.

Please return completed form to:

Strain Family Equestrian Center

18 Vining Hill Road, Southwick, MA 01077

Phone: (413) 569-5797 email: christinastrain@comcast.net

Volunteers are required to commit and attend the session dates and times they signed up for.

HORSE EXPERIENCE IS NOT REQUIRED

