



**SunDance Riding Therapy, Inc.  
Volunteer Information Form**

Volunteer Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address, City, State and Zip Code \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Employer/City \_\_\_\_\_ Job Title \_\_\_\_\_

Parent/Guardian Address (if under 18) \_\_\_\_\_

If Student, Name and Location of School \_\_\_\_\_

How did you learn about SunDance? \_\_\_\_\_

Are you CPR or First Aid- certified? \_\_\_\_\_

Have you worked with people with disabilities? If so, please explain your experience:

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(continued)

**Please circle the areas you are interested in volunteering**

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|-------------------|-----------------------------|--------------------|-----------------------|
| Budget & Finance  | Future Planning             | Board of Directors | Leading a Horse       |
| Horse Shows       | Photo Release               | Special Olympics   | Ride-a-thons          |
| Public Relations  | Fundraising                 | Newsletter         | Volunteer Recruitment |
| Photography/Video | Side walking with a student |                    |                       |

**Photo Release**

I consent to and authorize the use and reproduction by Sundance Riding Therapy, Inc. of any and all photographs and any other audio-visual materials taken of me for promotional material, education activities, exhibitions, or for any other use for the benefits of the program.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Volunteer Liability Release**

As a volunteer at Sundance Riding Therapy, Inc., I acknowledge the risks and potential for frisks of a therapeutic horse interaction and riding program. However, I feel that the possible benefit to myself and the clients I work with are greater than the risk 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 SunDance Riding Therapy, Inc., its board of directors, instructors, therapists, volunteers, and/or employees for any and all injuries and/or losses I may sustain while participating at SunDance Riding Therapy, Inc.

Signature \_\_\_\_\_

Date \_\_\_\_\_

*Note: If you are under 18 years of age your parents/guardians will need to sign and date this document*