



NORTH COUNTRY RIDE

Volunteer Update

Name: _____ Date: _____

Address: _____

Employer/School: _____

Phone: (H) _____ (W) _____ (Cell) _____

Email: _____

Parent/Legal Guardian Name and Address (if applicable): _____

Please describe your current health status, particularly regarding the physical/emotional demands of working at North Country RIDE:

Are you able to: (Circle Yes or No)

Walk for 60 minutes without fatigue? Yes No

Hold your arms above shoulder height and support moderate weight? Yes No

Jog for short distances? Yes No

What are your interests this year? [check all that apply]

- | | |
|---|---|
| <input type="checkbox"/> Program Administration | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Horse handling | <input type="checkbox"/> Volunteer coordination |
| <input type="checkbox"/> Public Relations | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Sidewalking with a rider | <input type="checkbox"/> Tack preparation |
| <input type="checkbox"/> Photography/Video | <input type="checkbox"/> Website |
| <input type="checkbox"/> Facility repairs or projects | |

Emergency Release: In the event emergency medical aid/treatment is required due to injury or illness during my volunteering at North Country R.I.D.E. or if I am on the property I give permission to North Country RIDE to 1. Secure and retain medical treatment and transport if needed 2. Release volunteer records upon request to the authorized individual or agency involved in the medical emergency treatment. This authorization includes x-ray, surgery, hospitalization and medication, *(Indicate by initialing, Parent/Guardian initial if volunteer under 18)*

_____Yes _____No

Volunteer Liability Release: It is our duty to advise you that horse -related activities and horseback riding could lead to accidents that cause injury or death. As a volunteer at North Country RIDE. I acknowledge the risk and potential for risks of a horseback riding program. However, I feel that the possible benefits to myself and the clients I work with are greater than the risk assumed. I understand that wearing an up to date, properly fitted, ASTM/SEI approved equestrian helmet anytime I am working with horses could reduce my risk of head injury. 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 North Country RIDE, its Board of Directors, staff, instructors, therapists, volunteers, for any and all injuries and/or losses I may sustain while participating in North Country RIDE *(Indicate by initialing, Parent/Guardian initial if volunteer under 18)* _____Yes _____No

Confidentiality: North Country RIDE shall maintain the right to privacy and the right of confidentiality under the HIPPA law of all of the individuals in its program. The instructors, staff and volunteers given access to information, on any individual in any North Country RIDE program, agrees to keep confidential all medical, personal, social and referral information to which they have had contact regarding any individual. Any person violating these rights may find themselves re-assigned or their service terminated.

Photo Release: I consent to and authorize the use and reproduction by North Country RIDE 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 benefit of the program. *(Indicate by initialing, Parent/Legal Guardian initial if volunteer under 18)*

****new** PHOTO POLICY:** PHOTOS you take at North Country RIDE of riders/volunteers other than Yourself may not be posted to FaceBook or other social media sites. Please respect the privacy of all participants & volunteers.

_____ **Yes** _____ **No**

 **I understand and agree to abide by North Country RIDE's release and policies outlined above.**

Signature: _____ Date: _____

Please print name: _____

Parent/Legal Guardian Signature: _____ Date: _____
(by signing here, you agree with your child's emergency, liability and photo release choices)

VOLUNTEER AVAILABILITY

I am available to volunteer (circle all that apply):

- Spring (April 17-May 25)
- Summer 1 (June 5-July 13)
- Summer 2 (July 24-August 31)
- Fall (September 11-October 19)

I am available to volunteer (circle all that apply)

Monday Time(s) _____

Tuesday Time(s) _____

Wednesday Time(s) _____

Thursday Time(s) _____

*with advanced notice I may be able to help out on other days: _____ Yes _____ No