



# Volunteer Application Form

Please print

Name: \_\_\_\_\_ Application Date: \_\_\_\_\_

Address: \_\_\_\_\_ Date of birth \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ does this phone receive text \_\_\_\_\_

Email: \_\_\_\_\_

Employer/School \_\_\_\_\_ \*\*Some employers offer matching gifts as an incentive for

their employees to volunteer. May we inquire with your employer? *Circle one* Yes No

If yes, Employer Contact name and Phone \_\_\_\_\_

Parent/Legal Guardian name and address if applicable: \_\_\_\_\_

\_\_\_\_\_ Parent phone: \_\_\_\_\_

How did you learn about North Country RIDE? \_\_\_\_\_

Previous experience with horses? *(not required)* \_\_\_\_\_

\_\_\_\_\_

Previous experience with people with special needs? *(not required)* \_\_\_\_\_

\_\_\_\_\_

Why do you wish to volunteer with North Country RIDE? \_\_\_\_\_

\_\_\_\_\_

Check which areas you are interested in providing assistance:

**Program**

- Horse handling
- Side Walking with a rider
- Facility repairs or projects
- Volunteer coordination

**Administration**

- Fundraising
- Photography/Video
- Newsletter
- Events

## Health History:

Please describe your current health status, particularly regarding the physical/emotional demands of working in a therapeutic riding program. Volunteering may mean exposure to animals, dust and bodily fluids (i.e. drool).

Address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries, or lifestyle changes.

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Any allergies or medications we should be aware of? \_\_\_\_\_

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

## Emergency Information:

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

## Training:

North Country RIDE provides a horse safety video and written handbook to assist you in learning the various aspects and expectations of volunteering with the clients and horses.

Have you viewed this material? \_\_\_ No \_\_\_ Yes

North Country RIDE provides a half-day volunteer training course each year.

Have you attended this training course? \_\_\_\_\_ Yes \_\_\_\_\_ Date \_\_\_\_\_ No



Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Parent or guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(If under age 18, parent or legal guardian must sign)

# Volunteer Release form

**Emergency Release:** In the event emergency medical aid/treatment is required due to injury or illness during my volunteering at North Country RIDE 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**

**Photo Release:** I \_\_\_\_\_ **DO** or \_\_\_\_\_ **DO NOT** 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, educational activities, exhibitions or for any other use for the benefit of the program (this includes the website, North Country RIDE Facebook & newspapers).

**\*\*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**

**Confidentiality:** North Country RIDE shall maintain the right to privacy and the right of confidentiality 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.

 **I understand and agree to abide by North Country RIDES's 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)*

Please print Parent/Legal Guardian Name: \_\_\_\_\_

Parent/Guardian Phone Number, Home: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

**Release of Liability**  
**WARNING**

***Under Minnesota Law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to section MN ST § 604A.12, Minnesota Statute.***


I am aware that any activities involving horses are hazardous and I am voluntarily participating in these activities with knowledge of the danger involved, and hereby agree to accept any and all risks of injury, including death, and damage to property arising from participation. **I hereby promise not to sue, and hereby release**, to the fullest extent permitted by law, **North Country R.I.D.E., Inc.** and its agents, officers, directors, members, representatives, volunteers, board, coordinators, insurers, and employees (collectively the "Released Parties"), from , **and hereby waive**, all claims of whatsoever kind that may be asserted against the Released Parties for personal injury and property damage arising from or in connection with participation in equine activities, and from the condition of the real property and personal property used in connection with such equine activities. By way of example, and not in limitation, this Waiver and Release includes releasing and waiving claims based upon: any neglect acts or omissions of the Released Parties and any other person; contract; warranty; premises liability; products liability; subrogation; contribution; and loss of consortium or loss of society.

**I also hereby agree to indemnify, defend, and hold and save harmless the Released Parties** from any claims, damages, expenses and costs incurred of whatsoever nature (including by way of example, and not in limitation, attorney fees and expenses), which may be made against or incurred by the Released Parties, arising from or in connection with my participation, including without limitation, any claims made by me or any other person.

**It is intended that this Release and Indemnification shall release the Released Parties from , and waive, any and all claims, and indemnify the Released Parties, to the greatest extent allowed by law.** In the event for any reason a Court determines that any portion of the Release and Indemnification is not enforceable, that provision shall be modified so as to give it the greatest effect allowed by law, or if it cannot be so modified shall be severed and the balance of the Release and Indemnification shall be given the greatest force and effect available under law. Furthermore, in the event that notwithstanding this Release and Indemnification, it is determined that any Released Party has any liability for any claim, in no event shall the liability exceed the amount of \$500 in total aggregate for all claims arising from or in connection with my participation.

**I acknowledge that by signing this document I am waiving important legal rights.** I also acknowledge that the Released Parties would not allow me to participate in equine activities unless I have agreed to the waivers, releases, indemnifications and limitations contained in this Release and Indemnification. I acknowledge that the Released Parties are relying upon these provisions as a primary material consideration for allowing my participation in equine activities. I acknowledge and agree that the terms hereof are binding upon me, and my heirs, successors, representatives, insurers, and assigns.

If signing on behalf of another person, I represent and warrant to the Released Parties that I am the parent or legal guardian with the capacity to execute and make the foregoing waivers and indemnifications on behalf of such person; and I further acknowledge and agree that I am also personally bound by and make the releases and waivers as above set forth, and that I am jointly and severally liable for the indemnifications to the Released Parties.

 Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print name: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print Parent/Legal Guardian Name: \_\_\_\_\_

VOLUNTEER AVAILABILITY

Please circle which six week session you are available (circle all that apply)

Spring - April-May

Summer 1- June -July

Summer 2 - July - August

Fall - September- October

What is your preferred day?

Monday

Tuesday

Wednesday

Thursday

Friday

What is your preferred time? These times are approximate.  
They represent an availability not the time you can actually be here.

Morning between 9:00-12:00

Afternoon between 12:00-5:00

Evening between 5:00- 8:00

\*with advanced notice I may be able to help out on other days: \_\_\_\_\_Yes \_\_\_\_\_No

What is he best way to reach you? \_\_\_\_\_