



VOLUNTEER REGISTRATION FORM

Personal Information

Name: _____ Date: _____

Address: _____ City _____ Zip Code _____

Date of Birth: _____ E-mail: _____

Home Phone: _____ Cell Phone: _____

Occupation: _____ Employer: _____

Parent/Legal Guardian Name and Phone: _____

Health History

Please describe your current health status, particularly regarding the physical/emotional demands of working in an equine therapeutic program. Address recent hospitalizations/surgeries or lifestyle changes.

Allergies: _____

Current Medications: _____

In the event of an emergency, contact:

Name: _____ Relation: _____ Phone: _____

General Information

How did you hear about Grace Lake? _____

Why are you interested in volunteering at Grace Lake? _____

Describe your experience with horses: _____

Check which areas you are interested in:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Leading a horse | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Photography/Video |
| <input type="checkbox"/> Sidewalking with a student | <input type="checkbox"/> Volunteer Recruiting | <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Becoming a Committee Member |
| <input type="checkbox"/> Stable management | <input type="checkbox"/> Administrative Assist. | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Becoming a Board Member |

Check which areas you are skilled in:

- | | | | |
|---|--|--------------------------------------|--|
| <input type="checkbox"/> Horse leader / handler | <input type="checkbox"/> Facility improvements | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Public speaking/relations |
| <input type="checkbox"/> Training horses | <input type="checkbox"/> Computer projects | <input type="checkbox"/> Praying | <input type="checkbox"/> Marketing/Advertising |

Please list days you are available to volunteer and any other information about yourself that you feel could be useful to our program.

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Liability Release

_____ (Volunteers Name) would like to participate in the Grace Lake Ministries therapeutic horsemanship program. I acknowledge the risks and potential risks of horseback riding. However, I feel that the possible benefits to myself/my son/my daughter/my ward 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 Grace Lake Ministries, its Board of Directors, Instructors, Therapists, Aids, Horse Owners Volunteers and/or Employees for any and all injuries and/or losses I/my son/my daughter/my ward may sustain while participating in Grace Lake Ministries therapeutic horsemanship programs.

WARNING – Under Texas law (Chapter 87, Civil Practice and Remedies Code), 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.

Signature: _____ Signature: _____ Date: _____
Volunteer Parent or Legal Guardian if under the age of 18

Photo Release

I DO
 DO NOT

consent to and authorize the use and reproduction by Grace Lake Ministries 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.

Signature: _____ Signature: _____ Date: _____
Volunteer Parent or Legal Guardian if under the age of 18

Criminal Background Information

Have you ever been charged with or convicted of a crime? Y N ; please explain _____

I authorize Grace Lake Ministries to receive information from any law enforcement agency, including police and sheriff's departments, of this state or any other state or federal government, to the extent permitted by state and federal law, pertaining to any convictions I may have had for violations of state or federal criminal laws, including by not limited to convictions for crimes committed upon children or animals.

I understand that such access is for the purpose of considering my application as a volunteer, and that I expressly DO NOT authorize Grace Lake Ministries, its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization, or corporation.

Date

Volunteer's Signature

Parent / Guardian's Signature if under 18

Driver's License Number

State

Confidentiality Agreement

I understand that all information (written or verbal) about participants at Grace Lake Ministries is confidential and will not be shared with ANYONE without the expressed written consent of the participant and their parent / guardian in the case of a minor.

Signature: _____ Date: _____
Volunteer