



**FREDERICK COUNTY 4H THERAPEUTIC
RIDING PROGRAM, INC.
11515 ANGLEBERGER ROAD
THURMONT, MARYLAND 21788**

VOLUNTEER APPLICATION

Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____

Emergency Contact Name: _____ Contact Number: _____

- _____ Prior Experience with Disabled
- _____ Certified First Aid/CPR
- _____ Comfortable around horses
- _____ Birth date

Problems/Medications we should know about?

Why are you volunteering? Do you want to learn something special?

How did you hear about us?

Do you have an interest in, or knowledge of any of the following? Please circle if you would be willing to help these areas.

- | | | |
|-------------------------|----------------------|----------------|
| School Horses | Computer Access | Bath horses |
| Computer Word | Barn Crew | Video Tape |
| Clean tack, clip horses | Brochure Building | Fundraising |
| Sign language | Organize projects | Special events |
| Stuff envelopes | Newsletter assistant | Art-Layouts |
| Operate copier | Make phone calls | photography |

Please circle the times you would be available to volunteer

- | | | | |
|---------------|---------------|--------------|---------------|
| Tuesday 5pm | Tuesday 6pm | Tuesday 7pm | Thursday 5pm |
| Thursday 6pm | Thursday 7pm | Saturday 9am | Saturday 10am |
| Saturday 11am | Saturday 12am | Saturday 1pm | Saturday 2pm |

Would you be available for any daytime classes, Monday through Friday? We have some Students who prefer private lessons during the week.

VOLUNTEER RELEASE STATEMENT

For valuable consideration given and hereby acknowledged, the undersigned hereby grants to the Frederick County 4-H Therapeutic Riding Program permission to take or have taken still and moving photographs and films including television pictures of myself. And consents and authorizes the Frederick County 4-H Therapeutic Riding Program, it's advertising agencies, news media, and any other persons interested in the Frederick County 4-H Therapeutic Riding Program and its work, to use and reproduce the photographs, films and pictures and to circulate and publicize the same by all means including without limiting the generality of the foregoing newspapers, television media, brochures, pamphlets, instructional material, books and clinical material.

With respect to the foregoing materials, no inducements or promises have been made to us/me to secure our/my signature(s) to use this release other than the intention of the Frederick County 4-H Therapeutic Riding Program to use or cause to be used such photographs, films and pictures for the primary purpose of promoting and aiding the Frederick County 4-H Therapeutic Riding Program and its work.

Every effort will be made to avoid accidents. The Frederick County 4H Therapeutic Riding Program, Inc. or Silverado can accept no liability.

The undersigned hereby releases the Frederick County 4H Therapeutic Riding Program, Inc. and Silverado, their agents, their affiliate, and their agent from all manners of claims, demands and damages of all kinds and every nature whatsoever which the undersigned or said minor may now or ever in the future have against Frederick County 4H Therapeutic Riding Program, Inc. or Silverado, their agents, their affiliates and their agent, assigns on account of any personal injures, physical or mental condition, known or unknown to the person, and treatment thereof, as a result of, or in anyway growing out of the acts of the above names institution, their agents, their affiliates and their agent, including but not limited to the negligence or gross negligence, in rendering services in any way incidental thereto.

Signature

DATE _____

Parent/Guardian (if under 18)/ Date