

Volunteer Registration Form

I. Volunteer Information

Name: _____ Date of Birth: ____/____/____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (Work/Daytime) _____ (Home) _____ (Cell) _____

Email Address: _____

Volunteer's School / Work Site: _____

Parent / Guardian (if under 18): _____

Parent Telephone: (Work) _____ (Home) _____ (Cell) _____

Caregiver (if applicable): _____ Telephone: _____

Emergency Contact:

Name: _____ Telephone Number: _____

Physician: _____ Telephone Number: _____

Health Insurance Co.: _____ Policy Number: _____

II. Medical Information

Do you have any unusual or severe physical reactions or conditions? (heart, allergies, asthma, diabetes, other) Explain: _____

Medications(s) (name / dosage / frequency of use / precautions): _____

Physical Disability? _____ Limitations: _____

***Note:** In a serious emergency, you may be taken to the nearest hospital emergency room. Should such action be necessary, you will be responsible for any charges incurred.

I do give permission for emergency medical service.

It is important to understand that the information on this form and your signature does not give the hospital permission to treat you.

Signature: _____ Date: ____/____/____
(Volunteer, if 18 or older, or Parent / Guardian)

***Note:** If you do not consent to receive emergency medical care, request alternative form from Program Director.

III. Class Schedule

Place a "R" in the box next to the days that you can serve as a volunteer on a regular basis.
 Place a "S" in the box next to any day that you can be called on to substitute in case of 'emergency'.
 Put a **check mark** "✓" in the time(s) that you can work.

		Set-up	Class I	Class 2	Clean-up
R/S	✓ Approx. times:	4:00-6:00	6:00-6:45	7:00-8:00	8:00-9:00
<input type="checkbox"/>	Tuesdays	_____	_____	_____	_____
<input type="checkbox"/>	Wednesdays	_____	_____	_____	_____
<input type="checkbox"/>	Thursdays	_____	_____	_____	_____
<input type="checkbox"/>	Special Events				

Your help will be especially appreciated anytime during the set-up or clean up hours!
 Please understand that volunteer assignments are based upon the needs of the classes.
 Some classes require more volunteers than others.

Please check which session(s) you will be available:

Session I (May/June) Session II (July/August/September)

IV. Release / Authorization

A. Photo Release (Check the appropriate box and sign below)

(I hereby consent to and authorize / I do not consent to or authorize) the use and reproduction by Progressive Equestrian Therapeutic Services, Inc. and Maryland-National Capital Park and Planning Commission (M-NCPPC) of any and all photographs and any other audiovisual materials taken of me for promotional printed material, educational activities, website display, transmission via the Internet, exhibitions or for any other use for the benefit of the program.

Signature: _____
 (Volunteer, if 18 or older, or Parent / Guardian)

Date: ____/____/____

B. Liability Release

I recognize that horseback riding and working with horses involves certain risks. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators waive and release forever all claims for damages or rights of action against Maryland-National Capital Park and Planning Commission, the owners of the horses, Progressive Equestrian Therapeutic Services, Inc., its Board of Directors, Instructors, Therapists, Aides, Volunteers, and/or Employees for any injuries and/or losses that may be sustained while participating in a Progressive Equestrian Therapy, Inc. activity, excluding any negligence of the Maryland-National Capital Park and Planning Commission, owners of the horses, Progressive Equestrian Therapeutic Services, Inc., its Board of Directors, Instructors, Therapists, Aides, Volunteers, and/or Employees.

As a volunteer for the Progressive Equestrian Therapeutic Services, Inc. riding program, I agree that I will follow all rules, directions, and instructions and I will exercise due care to avoid injury, damage, or loss to my person or property and damage or loss to others. I have participated in a volunteer training program.

Signature: _____
 (Volunteer, if 18 or older, or Parent / Guardian)

Date: ____/____/____

Print name of Parent / Guardian (If He/She signed the releases): _____

Progressive Equestrian Therapeutic Services, Inc.
P.O. Box 1244
Upper Marlboro, Maryland 20773-1244
(301) 627-4308

Volunteer Registration Form (Continued)

V. Background Information

Name _____
(Last) (First) (Middle) (Maiden)

Address _____
(Number) (Street) (P.O. Box)

(City) (State) (Zip Code) (Year(s) At This Address)

Previous Address _____
(Number) (Street) (P.O. Box)

(City) (State) (Zip Code) (Year(s) At This Address)

Date of Birth ____/____/____ Place of Birth _____ Citizenship _____
MM DD YYYY

Height: FT ____ IN ____ Weight: ____ Race _____ Sex ____ Eyes ____ Hair ____

(Social Security Number)

(State - Driver's License Number Indicate)

- Do you use illegal drugs? Yes No
- Have you ever been convicted of a criminal offense? (If yes, explain below.) Yes No
(Do Not include Minor Traffic Offenses For This Or The Next Question)
- Have you ever received a probation before judgment or a not criminally responsible disposition? Yes No
(If yes, explain below.)
- Are you the subject of pending criminal charges? Yes No
- Have you ever been charged with child neglect or abuse? Yes No
- Has your driver's license ever been suspended or revoked? (If yes, explain below.) Yes No
- Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of young people? (If yes, explain below.) Yes No
- _____
- _____
- _____

I understand that:

- a. The information that I have provided may be verified, if necessary, by contacting any person or organization that may have information concerning me or by conducting a criminal background check. I hereby release and agree to hold harmless from liability any person or organization that provides information. I also agree to hold harmless Progressive Equestrian Therapeutic Services, Inc. and the officers, employees, and volunteers thereof.
- b. In signing this form, I affirm that the information that I have provided above is true and correct.

Signature: _____
(Volunteer, if 18 or older, or Parent / Guardian)

Date: ____/____/____