



# DREAM RIDERS

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Phone (803) 957-7906  
Web page: [www.dreamrider.org](http://www.dreamrider.org)

## Volunteer Information Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Work Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Parent/Guardian Name and Address (if under 18 years old): \_\_\_\_\_  
 \_\_\_\_\_  
 If student, name of school: \_\_\_\_\_ City: \_\_\_\_\_  
 How did you learn about DREAM RIDERS? \_\_\_\_\_  
 \_\_\_\_\_

Circle which area/s you are interested in:

### Horse Related Opportunities

- Leading a Horse
- Side walking with a client/athlete
- Preparing Horse for lessons
- Volunteer Coordinator
- Horse Show at facility or away
- Family Day
- Recital Day

### “Non” Horse Opportunities

- Public Relations
- Fund Raising
- Volunteer Recruitment
- Organize Socials
- Barn/Farm Help
- Office Help
- Corporate Campaigns
- Rider Recruitment
- Photography

### Photo Release

I consent to and authorize the use and reproduction by DREAM RIDERS 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.

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

**If under 18 must be signed by Parent or guardian**

### Volunteer Liability Release

As a volunteer at DREAM RIDERS I acknowledge the risks and potential for risks of a horseback riding program. I further have reviewed and acknowledge the SC Equine Liability Law. However, I feel that the possible benefits to myself and the clients/athletes I work with are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, waive and release forever all claims for damages against DREAM RIDERS, Sunrise Farm, its board of directors, instructors, therapists, volunteers, and/or employees for any and all injuries and/or losses I may sustain while participating in the DREAM RIDERS' program.

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

**To be signed and dated –by Parent or guardian if under 18 yrs. old**

### Health History

Please describe your current health status, particularly regarding the physical/emotional demands of working in a therapeutic riding program. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries, or lifestyle changes.

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

**\*\*\*\*\*Please turn over and fill out and sign areas on back \*\*\*\*\***

Background Information

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

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I, \_\_\_\_\_ (volunteer/staff), authorize \_\_\_\_\_ (center) to receive information from any law enforcement agency, including police departments 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 but not limited to convictions for crimes committed upon children.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(volunteer/staff)

CURRENT DRIVER'S LICENSE Y N LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

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I understand that the information provided above is accurate to the best of my knowledge. I know of no reason why I should not participate in this center's program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(volunteer/staff; signed in presence of center staff)

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If volunteer is under 18 years old, parent / guardian signature required for confirmation of a minor to participate in Dream Riders' program as a volunteer

I hereby approve that the above named minor may participate at Dream Riders in a volunteer position.

Date: \_\_\_\_\_  
Parent / Guardian Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_