



DREAM RIDERS

156 Sandy Hill Rd., Lexington, S.C. 29072
Email: dreamr2@mindspring.com

Phone (803) 957-7906
Web page: 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 Do

I Do Not

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:

I, _____(volunteer/staff), authorize Dream Riders 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 or animals.

I understand that such access is for the purpose of considering my application as an employee/volunteer, and I expressly DO NOT authorize the PATH Intl. 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 _____

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/caregiver; signed in presence of center staff)

Confidentiality Agreement

I understand that all information (written and verbal) about participants at this PATH Intl. Center is confidential and will not be shared with anyone without the expressed written consent of the participant and his/her parent/guardian in the case of a minor.

Signature: _____ Date: _____
(volunteer/staff)

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: _____