Reins of Life, Inc.

55200 Quince Road,
South Bend, IN 46619
Phone: 574/232-0853

9375 W. 300 N.
Michigan City, IN 46360
Phone: 219/874-7519

Fax: 574/232-1104
Website: www.reinsoflife.org

VOLUNTEER REGISTRATION

Name: ______________________________ Date of Birth: ______________

Address: ______________________________ City______________ State______ Zip: __________

Height ____ ft ___ in Home phone: ________________ Cellular/Other: ________________

Work: ________________ May we call you at work? _____

Email: ____

Employer or School: ______________________________ If school: What year? ________________

How did you hear about Reins of Life? ____

Do you have horse experience? Please explain ____

Do you have experience working with people with disabilities? Please explain ______________________

Please specify any other experience and/or skills you feel could be useful to the program ______________

____

Please check your area(s) of interest

_____ Side-walker
_____ Horse Leader
_____ Cleaning equipment/tack
_____ Cleaning stalls and paddocks
_____ Maintenance
_____ Feeding (requires a commitment of once per week, approx. 2 hours)
_____ Administrative duties (filing, publicity, fundraising, newsletter)
_____ Being a member of the Board of Directors
_____ Serving on a committee (mark any areas of interest)

_____ Development
_____ Program
_____ Facilities
_____ Horse Care
_____ Policy/Procedures

_____ Horse Shows
_____ Benefit Dinner
_____ Golf Outing
_____ Clean-Ups Days

Days and Times available to work (please be specific)

Sunday: ________________ A.M. ________________ P.M.
Monday: ________________ A.M. ________________ P.M.
Tuesday: ________________ A.M. ________________ P.M.
Wednesday: ________________ A.M. ________________ P.M.
Thursday: ________________ A.M. ________________ P.M.
Friday: ________________ A.M. ________________ P.M.
Saturday: ________________ A.M. ________________ P.M.

PATH
INTERNATIONAL
Professional Association of Therapeutic Horsemanship International

Volunteer's Authorization for Emergency Medical Treatment

In the event emergency medical aid/treatment is required due to illness or injury while volunteering for Reins of Life, I authorize Reins of Life to secure and retain medical treatment and transportation if needed.

Signed ____________________________________ Date ______________
Signature (parent/guardian must sign if volunteer is under 18 years of age)

Person(s) to be contacted in case of an emergency:

1. Contact ____________________________________ Phone: _______________________________________

2. Contact ____________________________________ Phone: ______________________________________

Physician's Name: ____

Preferred Medical Facility: ____

Health Insurance Company: _____________________ Policy # ________________________________

Consent Plan

This authorization includes X-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the contact persons above are unable to be reached.

Consent Signature __________________________________ Date ______________________
Signature (parent/guardian must sign if volunteer is under 18 years of age)

Print Name ____

OR

Non-Consent Plan

I do not give my consent for emergency medical treatment/aid in the case of illness or injury while volunteering for Reins of Life. In the event emergency treatment/aid is required, I wish the following procedure to be followed: ____
____
____

Non-Consent Signature _________________________________ Date ______________________
Signature (parent/guardian must sign if volunteer is under 18 years of age)

Print Name ____

Volunteer Liability Release

As a volunteer with Reins of Life, I acknowledge the risks and potential for the risks of a horseback riding program. However, I feel the possible benefits to myself and the clients I work with are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damage against Reins of Life, Inc., its Board of Directors, Instructors, Therapists, Volunteers and/or Employees, Operating Site for any and all injuries and/or losses I may sustain while participating in Reins of Life, Inc.

Signed __________________________________ Date ________________
Signature (parent/guardian must sign if volunteer is under 18 years of age)

Photo/Media Release/Website

I hereby consent to and authorize the use and reproduction by Reins of Life, Inc. of any and all photographs and any other audiovisual material taken of me/my son/my daughter for promotional printed material, educational activities or for any other use for the benefit of the program.

Yes	No		
☐	☐	Photo Release	Signature: ______________________________Date: ________ Signature of parent/guardian if volunteer is under 18 years of age
☐	☐	Video Release	Signature: _____________________________ Date: ________ Signature of parent/guardian if volunteer is under 18 years of age
☐	☐	Media Release	Signature: _____________________________ Date: ________ Signature of parent/guardian if volunteer is under 18 years of age
☐	☐	Social Media Release	Signature: _____________________________ Date: ________ Signature of parent/guardian if volunteer is under 18 years of age

Volunteer Confidentiality Statement

I understand that any and all activity and information that may be disclosed to me during my activities as a volunteer are deemed confidential and are not to be discussed with anyone other than Reins of Life staff.

Signed __________________________________ Date ______________
Signature (parent/guardian if volunteer is under 18 years of age)

Release Authorization

Name__________________________________ Date of Birth________________

Gender____________ Race______________ SSN_________________________

Driver's License/State and #____

I hereby authorize the local Police Department to furnish Reins of Life, Inc. any information concerning Criminal and/or Traffic Convictions that they may have on Record or otherwise, and do hereby release the City, the Police Department, and all individuals connected therewith from all liability for damage whatsoever incurred in furnishing such information.

Signed______________________________________ Date__________________________

Printed Name ___________________________________

Reins of Life Signature _________________________________ Date______________________

Printed Name ___________________________________