



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: _____ Cell/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

____ Horse Shows

____ Program

____ Benefit Dinner

____ Facilities

____ Golf Outing

____ Horse Care

____ Clean-Ups Days

____ Policy/Procedures

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.

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		Signature_____	Date_____
<input type="checkbox"/>	<input type="checkbox"/>	Photo Release	Signature_____	Date_____
			Signature of parent/guardian if volunteer is under 18 years of age	
<input type="checkbox"/>	<input type="checkbox"/>	Video Release	Signature_____	Date_____
			Signature of parent/guardian if volunteer is under 18 years of age	
<input type="checkbox"/>	<input type="checkbox"/>	Media Release	Signature_____	Date_____
			Signature of parent/guardian if volunteer is under 18 years of age	
<input type="checkbox"/>	<input type="checkbox"/>	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)