



Volunteer Information Form

Name: _____ Age: _____

Mailing Address: _____

Email: _____

Phone Numbers: _____

Employer/School: _____ Phone: _____

Emergency Contacts: _____ Phone: _____

_____ Phone: _____

How many times/hours/days per week are you willing to volunteer?

What days and times are best for you?

Are there any other times that could work?

Which of the following jobs are you most interested in?

_____ Being a horse handler _____ Cleaning tack _____ Being a support person for participants

_____ Acting as a mentor/friend for at-risk youth or teen _____ Ranch chores _____ Facility Maintenance

_____ Housekeeping (Sweeping, bathrooms, horse laundry, etc.)

Please indicate which population you prefer to work with:

_____ 5-8 year olds _____ 9-13 year olds(Tweens) _____ 14-19 year olds(Teens) _____ Adults

Liability Release: Mandatory

I, _____, would like to participate in the *Methow Valley Riding Unlimited* Volunteer Program. I acknowledge the risks and potential risks of equine related activities. However, I feel the benefits to myself are greater than the risks assumed. I hereby, intending to be legally bound for myself, my heirs and assigns, executors or administrators, waive and release forever, all claims for damages against *Methow Valley Riding Unlimited*, its Board of Directors, Instructors, Therapists, Aides, Volunteers and/or Employees for any and all injuries and/or losses I may sustain while participating at *Methow Valley Riding Unlimited*.

Signature: _____ Date: _____

(FILL OUT BACK SIDE)

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Photo Release: Optional

I hereby consent to and authorize the use and reproduction by *Methow Valley Riding Unlimited* of any and all photographs and any other audiovisual materials taken of me/ my son/ my daughter/ my ward for promotional material, educational purposes or any use for the benefit of the program.

Date: _____ Signature: _____
(Volunteer, Parent or Guardian)

Background Information: Mandatory

Pursuant to Revised Code of Washington (RCW) 43.43.830-.845, Methow Valley Riding Unlimited will conduct background checks on all prospective employees and volunteers who will or may have unsupervised access to children under sixteen years of age. The background check is for initial employment or engagement only. Please provide MVRU with the following requested information:

CURRENT DRIVER'S LICENSE NUMBER _____ STATE _____
(please submit a photo copy of your driver's license with this form)

SSN # _____

Have you:

- | | | |
|---|-----|----|
| 1. Been convicted of any crime or is there any criminal charge pending against you? | YES | NO |
| 2. Been released from prison in the last seven years? | YES | NO |
| 3. Had your name place on a registry of child or adult abuse in this or any state? | YES | NO |
| 4. Been found to have sexually abused or exploited or physically abused any child or adult: | | |
| a. In any court actions or proceedings? | YES | NO |
| b. By a professional disciplinary board or the Department of Licensing? | YES | NO |

IF YES, state the date, place and nature of the proceedings:

- | | | |
|---|-----|----|
| 5. Been denied a license to care for children or adults? | YES | NO |
| 6. Had a license to care for children or adults suspended or revoked? | YES | NO |

VOLUNTEER Signature

Date