

# SHAR REGISTRATION FORM

## *VOLUNTEER*



Select a Program:

|  |                                   |
|--|-----------------------------------|
|  | Program Volunteer                 |
|  | Non-Program Volunteer             |
|  | Court Appointed Community Service |

959 E Main St  
Birdsboro, Pa 19508

610-582-4050  
michele@hugahorse.com  
www.hugahorse.com

Name: \_\_\_\_\_

Age \_\_\_\_\_ If under 18, Parents Names: \_\_\_\_\_

Weight: (if interested in riding) \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address (to be used for scheduling purposes, must be checked regularly):  
\_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ (circle preferred number)

School: \_\_\_\_\_

Training Date (office use only) : \_\_\_\_\_

*Please note that attending volunteer training class does not count toward volunteer hours.*

### **Completed Registration Form and a fee of \$25 (unless otherwise directed) is required.**

The Registration Fee covers the cost of the training class and a SHAR T-Shirt for all volunteers. If for any reason you are unable to pay the \$25 fee, please let a staff member know.

### **Photo Release:**

I consent to and authorize the use and reproduction by *Shady Hollow Assisted Riding* of any photographs and audio-visual materials taken of me for promotional material, educational activities, and exhibitions to benefit the program.

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

Date: \_\_\_\_\_ Parent/Guardian Signature (If under 18): \_\_\_\_\_

### **Liability Release:**

To participate in any program at *Shady Hollow Assisted Riding*, I acknowledge the risks and potential for risks of horseback riding and associated activities. However, I feel that the possible benefits are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors and administrators, waive and release forever all claims for damages against *Shady Hollow Assisted Riding & Shady Hollow Farms*, it's owners, board of directors, instructors, therapists, volunteers and/or employees for any and all injuries and/or losses that may be sustained while participating in *Shady Hollow Assisted Riding's* programs.

For this privilege I have read and agree to comply with all rules posted on the property and agree to wear an ASTM/SEI approved helmet when required.

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

Date: \_\_\_\_\_ Parent/Guardian Signature (If under 18): \_\_\_\_\_

**Medical History:**

Do you have any medical concerns that would require special attention while participating in equine activities? Yes      No

Do you have any health problems or allergies that we should know about in case of an emergency?

**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

In the event emergency medical aid/treatment is required due to illness or injury during the process of volunteering, or while being on the property, I authorize SHADY HOLLOW ASSISTED RIDING to:

1. Secure and retain medical treatment and transportation if needed.
2. Release volunteer records upon request to the authorized individual or agency involved in the medical emergency treatment.

**Emergency Contact Information:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Physician Contact Information:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Medical Facility: \_\_\_\_\_

Health Insurance Co.: \_\_\_\_\_ 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 person listed below is unable to be reached.

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

Print Name: \_\_\_\_\_

**NON-CONSENT PLAN**

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of volunteering or while being on the property. In the event emergency treatment/aid is required, I wish the following procedures to take place:

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

Print Name: \_\_\_\_\_

**SHAR is required by the State of Pennsylvania to have all *Program Volunteers* over the age of 18 submit a current Child Abuse Clearance and Criminal Background Check.**

**Clearances need to be submitted at time of your assigned Volunteer Training Class.  
<http://www.dhs.state.pa.us/findaform/childabusehistoryclearanceforms/index.htm>**

*SHAR is a 501(c)3, nonprofit organization. Financial support from individuals and companies are crucial to maintaining the health and wellness of our horses, property and equine programs.*

*If you work for a company that makes annual donations, please provide their information below:*

Contact Name: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**SHAR is on Facebook, Twitter and Instagram. "Like", "Tweet" and "Post" and check in while you are here**

***Program Volunteers Only - Scheduling***  
***Information below does not pertain to Non-Program Volunteers or Court Appointed Volunteers***

Name: \_\_\_\_\_

SHAR uses a Cloud Based Volunteer Scheduler. After completing volunteer training you will be sent an email with a link to the software. Please register with the software and sign up for shifts. You can also use the software to request substitutes if for some reason you are unable to attend your shift.

Below is a general break down of the lesson schedule at SHAR. The Assisted Lessons occur every other week during the selected months: **Session I (March-May), Session II (June-August), Session III (Oct-Nov)**

***Please answer each question:***

**A. I am available for Session I. Circle: Yes or No**

**B. I am available for Session II. Circle: Yes or No**

**C. I am available for Session III. Circle: Yes or No**

**D. I am available to volunteer during business hours (9-5pm M-F). Circle: Yes or No**

As a nonprofit, we try to keep costs reasonable to our consumers. The only way to do that is with volunteer help! The following equine programs require volunteer assistance:

- Camps
- Field Trips
- Birthday Parties
- Equine Assisted Learning
- Bridle Club
- Little Breeches
- Transitional Lessons

Programs such as Bridle Club, Little Breeches, Camps, Field Trips and Equine Assisted Learning require help during regular business hours. Birthday Parties are scheduled normally on weekends. Transitional Riding Lessons are offered weekends and evenings.

How did you find out about Shady Hollow Assisted Riding? \_\_\_\_\_