



Request To Volunteer Form

Please complete and mail original to:
Chesapeake Therapeutic Riding
P.O. Box 475
Abingdon, MD 21009

Date: _____

Name: _____

Home Phone: _____

Address: _____

Cell phone: _____

Other phone: _____

E-mail: _____

Birthdate: _____

If student, name of school: _____

Occupation: _____

How did you learn about CTR? _____

Do you have a criminal record? Yes _____ No _____

If yes, please explain: _____

CTR reserves the right to deny volunteer offers based on background check results.

Areas of interest: _____ Horse leading _____ Side walking
_____ Instructor _____ Horse care
_____ Administrative support _____ Other: _____

Emergency Contact Information

Name: _____

Home Phone: _____

Address: _____

Cell phone: _____

other phone: _____

Doctor: _____

Phone: _____

Hospital and Town: _____

In case of emergency, I give permission to secure medical treatment including x-ray, surgery, hospitalization and medication.

Signature: _____

Date: _____

Signature of parent or guardian: _____

Date: _____

Photo Release

I consent to and authorize the use and reproduction by Chesapeake Therapeutic Riding or any and all photographs and any other audio-visual materials taken of me for promotional material, educational activities and exhibitions or for any other use for the benefit of the program.

Signature: _____

Date: _____

Signature of parent or guardian: _____

Date: _____

Volunteer Liability Release

As a volunteer at Chesapeake Therapeutic Riding, I acknowledge the risks and potential for risks of a horseback riding program. However, I feel that 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 damages against Chesapeake Therapeutic Riding, its board of directors, instructors, therapists, volunteers and/or employees for all injuries and/or losses I may sustain while participating in Chesapeake Therapeutic Riding.

Signature: _____

Date: _____

Signature of parent or guardian: _____

Date: _____

Availability

	Morning hours		Afternoon hours		Evening hours	
Example:						
Tuesday	9:00 – 11:00					
Wednesday			1:30 – 4:30			
Friday					5:00 – 8:00	
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						

CTR has a number of volunteer positions available at different times of the day and during different seasons. Please indicate any additional volunteer opportunities you would be interested in:

For example: facility maintenance, special projects, daily feed and care, etc.

Please describe your prior horse experience and/or experience working with individuals with special needs:

Volunteers are the backbone of any nonprofit organization. Completing this form does not commit you to a schedule. We are simply trying to get a feel for who is available and when. As always, your commitment and schedule will be confirmed each session and is subject to change due to rider availability, schedule changes, weather, etc.