

Volunteer Registration & Release

Name: _____

Date of Birth: _____

Home/Cell phone: _____ E Mail _____

Local Address _____ Town _____ State _____ Zip _____

United States Veteran: Yes _____ No _____ Branch _____

As of July 1, 2015, all volunteers 18 & over must provide a copy of the following clearances to Eos before volunteering:

- Pa State Police Criminal Record Check expires _____
- Pa Child Abuse History Form Clearance expires _____
- FBI Fingerprint Background Check:(if you have lived outside of PA in the last 10 years) expires _____
- Eos FBI Disclosure Statement available in office

I am interested in helping in the following area(s): (check all that apply)

- Horse leading Side walking with a rider Grounds chores Volunteer Recruitment
- Fundraising Play with children when they are not riding Writing for the *Friends of Eos* Newsletter
- Public Relations

In case of emergency contact:

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Address _____

Physician _____ Phone _____

Do you have any pre-existing medical conditions which would prevent you from performing the duties of this volunteer role?

- Yes (describe) _____
- No

Liability Release

As a volunteer at **Eos Therapeutic Riding Center**, I acknowledge the risks and potential for risks of a horseback riding program. However, I feel that the possible benefits to me and the riders I work with 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 **Eos Therapeutic Riding Center**, its Board of Directors, instructors, therapists, aides, volunteers and/or employees for any and all injuries and/or losses that (I/my child/my ward) may sustain while participating the therapeutic riding program.

Warning – You assume the risk of equine activities pursuant to Pennsylvania Law.

Date _____ Signature _____

Volunteer or Parent/Guardian

Photo Release (Optional)

I hereby consent to and authorize the use and reproduction by **Eos Therapeutic Riding Center** of any and all photographs and any other audiovisual materials taken of (me/my child/my ward) for promotional printed material, educational activities or for any other use for the benefit of the program.

Date _____ Signature _____

Volunteer or Parent/Guardian

Eos Therapeutic Riding Center

288 Dahl Road Bloomsburg, PA 17815-9776 570-784-5445

A Nonprofit Corporation Providing a Therapeutic Horseback Riding to Children and Adults with Special Needs