



Lenawee Therapeutic Riding



Volunteer Confirmation Form

Spring and Fall 2020

Name _____ Birth date _____ Height _____ (to better match you and the horse)

Address _____ City _____ Zip Code _____

Phone #'s home _____ work _____ cell _____

E-mail Address: _____

Areas of Interest: (Check all that apply, some positions require additional training and/or Instructor's approval)

- ☐ Sidewalker ☐ Horse Leader ☐ Tack Coordinator ☐ Tack Assistant
☐ Mounting Assistant ☐ I am interested in further training as: ☐ horse leader or ☐ mounting assistant
☐ I will furnish a dish for class on the following night (this is voluntary) _____
☐ I am willing to be a substitute for ☐ Tuesdays or ☐ Wednesdays

Orientation is MANDATORY for new volunteers. Returning volunteers are encouraged to attend for a refresher. Please check below which Orientation you will attend.

- ☐ **Tues., March 17, Volunteer Orientation & Training**
☐ **Tues., Aug. 18, Volunteer Orientation & Training**

Check-in for riding sessions is at 5:45 pm (NOTE TIME) unless you are not scheduled until a later class. Please check below ALL the dates you are available to attend.

I am volunteering for the following dates:

SPRING SESSION

<u>Tuesdays</u>		<u>Wednesdays</u>	
April 14	<input type="checkbox"/>	April 15	<input type="checkbox"/>
April 21	<input type="checkbox"/>	April 22	<input type="checkbox"/>
April 28	<input type="checkbox"/>	April 29	<input type="checkbox"/>
May 5	<input type="checkbox"/>	May 6	<input type="checkbox"/>
May 12	<input type="checkbox"/>	May 13	<input type="checkbox"/>
May 19	<input type="checkbox"/>	May 20	<input type="checkbox"/>
May 26	<input type="checkbox"/>	May 27	<input type="checkbox"/>

Fair Show: July 27 ☐

FALL SESSION

<u>Tuesdays</u>		<u>Wednesdays</u>	
Sept. 8	<input type="checkbox"/>	Sept. 9	<input type="checkbox"/>
Sept. 15	<input type="checkbox"/>	Sept. 16	<input type="checkbox"/>
Sept. 22	<input type="checkbox"/>	Sept. 23	<input type="checkbox"/>
Sept. 29	<input type="checkbox"/>	Sept. 30	<input type="checkbox"/>
Oct. 6	<input type="checkbox"/>	Oct. 7	<input type="checkbox"/>
Oct. 13	<input type="checkbox"/>	Oct. 14	<input type="checkbox"/>
Oct. 20	<input type="checkbox"/>	Oct. 21	<input type="checkbox"/>

Fall Appreciation Dinner: ☐ October 27

Other Information:

I cannot do the _____ class (unless otherwise indicated you will be considered available for all 3 classes each night).

PLEASE RETURN THIS FORM along with the three (3) signed and witnessed RELEASE FORMS from the Volunteer Registration Packet. Please make a copy for your records.

Return all paperwork to: Carolyn Baer, LTR Volunteer Coordinator
6495 Rome Road, Adrian, MI 49221

If you have any questions, please contact Carolyn Baer at #517 442-3695 adrianbaer@aol.com



LENAWEE THERAPEUTIC RIDING

Michigan 4-H Proud Equestrians Program (PEP)

Volunteer Registration and Emergency Treatment Form

Date: _____

Volunteer: ☐ New ☐ Return

This form is valid for a period of one year from the date signed. No individual can be accepted as a volunteer in a Michigan 4-H Proud Equestrians Program in any capacity until this form has been completed by parents/guardian or by the individual if they are a legally competent adult 18 years of age or over.

Volunteer Name _____ Date of Birth: _____
Address _____ City _____ State _____ Zip _____
Home Phone (_____) _____ Work Phone (_____) _____ Cell Phone (_____) _____
Previous experience with horse: _____

Parents/Guardian (if under 18): Name _____
Address _____ City _____ State _____ Zip _____
Home Phone (_____) _____ Work Phone (_____) _____ Cell Phone (_____) _____

Physician: Name _____ Phone # _____
Office Address _____ City _____ State _____ Zip _____
Phone (_____) _____

Person to be notified in case of emergency in absence of parent/guardian:

Name _____ Phone #'s _____ Relationship to Volunteer _____

AUTHORIZATION FOR PURPOSE OF PROVIDING MEDICAL TREATMENT: You are being asked to complete this form to give an appropriate medical facility permission to treat _____ (volunteer's name) for minor injury or medical problems. In the event of serious injury or illness, the parent/guardian or person listed above will be contacted; treatment will proceed before contacting them only if the situation is urgent and does not permit delay.

- Preferred Medical Facility _____
- Is there a medical condition, allergy, etc., requiring special precaution or treatment? ☐ Yes ☐ No
 - * If yes, please describe: _____
- Medication's currently being used? ☐ Yes ☐ No
 - * If yes, please list name, purpose and dosage: _____

In case of medical emergency: The undersigned authorizes the Michigan 4-H Proud Equestrians Program instructor and/or program coordinator to seek any medical and/or surgical treatment necessary for the care of _____ who is participating as a volunteer in the Michigan 4-H Proud Equestrians Program with parent/guardian permission (if under 18 years).

HEALTH INSURANCE:

☐ I do not have medical insurance coverage.

Name of Policyholder and Relationship to participant: _____

Policyholder's address _____ City _____ State _____ Zip _____

Attach a photocopy of both sides of your insurance card (preferred) OR complete the insurance information requested here.

Name and Address of Insurance Company _____

Insurance Company Phone Number (_____) _____ Policy Number _____

Name of Policyholder's Employer _____

REQUIRED SIGNATURES: The above designated person(s) is (are) hereby authorized to incur medical costs necessary to provide medical treatment for said participant for which we shall be fully responsible. We also authorize the medical facility to release any and all information required to complete insurance claims and also authorize insurance payment directly to the medical facility.

Signature

Date

Witness

Parent ☐ Guardian ☐ Adult Volunteer ☐



LENAWEE THERAPEUTIC RIDING

Michigan 4-H Proud Equestrians Program

Parent/Guardian-Adult Volunteer Informed

Consent and Release of Liability Agreement

No individual can be accepted as a volunteer in the Michigan 4-H Proud Equestrians Program in any capacity until this form has been completed by his/her parent(s)/guardian or by the individual if he/she is a legally competent adult age 18 or older.

I/we assume the risks and accept the consequences involved in the participation of:

Volunteer's name: _____ in the Michigan 4-H Proud Equestrians Program.

Program name: Lenawee Therapeutic Riding County: Lenawee

I/we acknowledge that horses may be dangerous because they may, without warning, buck, stumble, kick, or move in otherwise unpredictable ways.

I/we are hereby informed of the possible dangers to me/my child/my ward that may result from participation in the program, including soft tissue (including skin and muscle) injury, ligament and tendon injury, bone/joint injury, and exacerbation of chronic conditions.

I/we accept the responsibility for complying fully with all safety rules and practices and I/we will consult with the instructor and/or local director of the Michigan 4-H Proud Equestrians Program including their instructors, staff and volunteers, from any liability for injury that may result from participation in the program. This release does not encompass "gross negligence".

I/WE HAVE READ AND FULLY UNDERSTAND THIS AGREEMENT.

Signature: _____ Date: _____
Parent(s)/Guardian/Adult volunteer (Circle appropriate title)

Witness: _____ Date: _____

MICHIGAN 4-H PROUD EQUESTRIANS PROGRAM

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LENAWEE THERAPEUTIC RIDING

Michigan 4-H Proud Equestrians Program

Parent/Guardian-Adult Volunteer Video, Film and Photography Release Form

This form is valid for a period of one year from the date signed.

No individual can be accepted as a volunteer in a Michigan 4-H Proud Equestrians Program in any capacity until this form has been completed by the rider's parent(s)/guardian or by an adult rider who is a legally competent adult 18 years of age or over.

Note: Participation in a Michigan 4-H Proud Equestrians Program as a volunteer is **not** contingent on an affirmative (yes) response on the "Parent/Guardian-Adult Volunteer Video, Film and Photography Release Form."

I authorize Michigan State University to record the image and voice of the subject named below and give MSU and all persons or entities acting pursuant to MSU's permission or authority, all rights to the use of these recorded images and voice. I understand that said images and/or voice will be used for educational, advertising and promotional purposes in all conventional and electronic media, including, but not limited to, the internet, and any future media. I also authorize the use of any printed material in connection therewith. I understand and agree that these images and recordings may be duplicated, distributed with or without charge, and/or altered in any form or manner without future or further compensation or liability, in perpetuity.

☐ Yes ☐ No

Volunteer's Full Name _____

Parent/guardian name (if volunteer is under 18 years old) _____

Address: _____ City: _____ St: _____ Zip: _____

Signature: _____ Date: _____
Adult volunteer over the age of 18

Signature: _____ Date: _____
Parent/guardian

Witness: _____ Date: _____

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