



# Sebastian Riding Associates Volunteer Registration

(Print out, complete and schedule an orientation with Kendra, [kendra@sebastianriding.org](mailto:kendra@sebastianriding.org) )

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Best way to reach you: (Home, Work, Cell, Text?) Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### I am interested in:

- Helping with Stable & Pastures
- Horse Care
- Facility Repairs & Property Maintenance
- Public Relations/Newsletter
- Fundraising Projects & Benefit Events
- Volunteer Coordinating & Training
- Administrative/Office Help
- Side-walking in lessons with student
- Leading Horse in lessons with student
- Assisting Instructors with student groom & tack for lessons
- Assisting students in Horse Shows & Camps

*Sebastian is open 7 days a week 7am-7pm, year round.*

*No matter what your time schedule or ability, Sebastian's has a volunteer position for you.*

*Can you assist on a regular basis a few hours weekly?  or every other week?*

*Are your hours for a special project? Explain \_\_\_\_\_ How many hours \_\_\_\_\_*

### Which days and during which times you are able to help?

(Example: Monday: Morning: 6am-8:30am or 9am-11am and Tuesday: Midday:12:30 – 3pm Friday Evenings 5pm-7pm)

- Monday:  Morning \_\_\_\_\_  Midday \_\_\_\_\_  Evening \_\_\_\_\_
- Tuesday:  Morning \_\_\_\_\_  Midday \_\_\_\_\_  Evening \_\_\_\_\_
- Wednesday:  Morning \_\_\_\_\_  Midday \_\_\_\_\_  Evening \_\_\_\_\_
- Thursday:  Morning \_\_\_\_\_  Midday \_\_\_\_\_  Evening \_\_\_\_\_
- Friday:  Morning \_\_\_\_\_  Midday \_\_\_\_\_  Evening \_\_\_\_\_
- Saturday:  Morning \_\_\_\_\_  Midday \_\_\_\_\_  Evening \_\_\_\_\_
- Sunday:  Morning \_\_\_\_\_  Midday \_\_\_\_\_  Evening \_\_\_\_\_

- All Seasons  Winter  Spring  Summer  Summer Camps only  Fall

Describe your experience with horses? \_\_\_\_\_

Describe your experience with people with disabilities? \_\_\_\_\_



# Sebastian Riding Associates Volunteer Registration

## Child Abuse & Criminal Background Clearances

(Required for adult volunteers 18yrs old+)

I understand both a Child Abuse Clearance & a Criminal Background Clearance are required by the state prior to Volunteering to work with children. The state requires Clearances be renewed every 57months.

\_\_\_\_\_  
Initial & Date

I have attached my recent:  Child Abuse Clearance  Criminal Background Clearance.  I am *under 18yrs old*.

## Photography Agreement:

I  DO  DO NOT consent to and authorize the use and reproduction by Sebastian Riding Associates of any and all photos/audiovisual materials taken of me for promotional material, educational activities and exhibit displays.

\_\_\_\_\_  
Initial & Date

## Confidentiality Agreement

*I understand that all information (written and verbal) about participants at Sebastian Riding Associates is confidential and will not be shared with anyone.*

\_\_\_\_\_  
Initial & Date

## Emergency Contact & Treatment Release

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Telephone Contacts Below:

Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

In the event emergency medical aid/treatment is required, I authorize Sebastian Riding Associates to secure and retain medical treatment and transportation.

**Describe any allergies or any medical condition we should be aware?**

(Please explain specifically). \_\_\_\_\_

My signature below certifies my understanding of an agreement with the above statements and releases. I would like to participate in **Sebastian's volunteer program**. I understand the risks involved and release and hold harmless employees, contractors, board members, volunteers of Sebastian Riding Associates and Evansburg State Park for claims and injuries.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Client/Parent/Guardian)

Yes, I \_\_\_\_\_ would like to participate in **horsemanship and or horseback riding**. I am aware there are risks involved in horsemanship and/or horseback riding. I understand that there is always the possibility of an accident, or even death, when participating in this type of program and on behalf of myself and the participant, I hereby, intending to be legally bound, for myself, my heirs, executors or administrators, waive and release all claims for damages I may have against Sebastian Riding Associates, its Board of Directors, instructors, therapists, aids, volunteers and/or employees, Evansburg State Park, DCNR and the Commonwealth of Pennsylvania, for any and all injuries and losses. I understand that NO LIABILITY can be accepted by any organizations concerned with this instruction, including Sebastian Riding Associates in the event of any accident which may occur.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Client/Parent/Guardian