

Shangri-La Therapeutic Academy of Riding

Volunteer Information and Release Form

11800 Highway 11E, Lenoir City, TN 37772 Phone: (865) 988-4711 Fax: (865) 988-4712
Website: www.rideatstar.org Email: volcoord@rideatstar.org

Mission Statement

Our mission is to foster personal achievement by providing therapeutic experiences using horse related activities for persons with disabilities or other special challenges.

GENERAL INFORMATION:

Name: _____ Date: _____
(Last Name) (First Name)

Address: _____ City/State/Zip: _____

Employer/School: _____ County: _____

DOB: _____ Age: _____ Email: _____

Home #: _____ Cell #: _____ Work #: _____

What is the **BEST** number to reach you? Check one. Home Cell Work

Can we **TEXT** you? Yes No

LESSON VOLUNTEERS:

Do you have any physical limitations? Yes No If yes, please specify: _____

Can you walk for 60 minutes and jog for short distances? Yes No

Do you have experience with horses/ponies? Yes No If yes, please specify: _____

Do you have other skills/training which may be of benefit? (Sign Language, CPR, RN, etc.) _____

OTHER VOLUNTEER OPPORTUNITIES:

STAR needs help in various ways in addition to working directly in lessons. Please check your area(s) of interest:

Facility/Office

- Office/Telephone
- Facility Maintenance
- Hay

Committees

- Guild (Assists with small events, baking, gardening, etc.)
- STAR Events (Hoofing & Hiking, Shows, etc.)

Other Volunteer Opportunities: (Additional training and/or testing is required.)

- Barn Helpers (Bring-in, Turn-out)
- Horse Leaders
- Equine Committee

SUB-LIST INFORMATION: (Does not apply to Junior Volunteers)

Please put my name on the SUB-LIST. For this session, specify what days you would be available. (The Sub-List will be updated each session.) Day(s) _____ (Times) _____
Sign-up for STAR's Yahoo Group, "[starsublist](#)" to assist you with finding a sub.

BACKGROUND INFORMATION:

STAR reserves the right to perform background checks and/or drug screenings on all volunteers.

Current Driver's License? Y N License Number: _____ State: _____

IN CASE OF AN EMERGENCY NOTIFY:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Physician: _____ Preferred Hospital/Town: _____

Health Insurance Carrier: _____ Policy Number: _____

Allergies (medication, etc.): _____

Current medications: _____

EMERGENCY MEDICAL TREATMENT:

- I consent:** 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(s) above is unable to be reached.
- I do not consent:** In the event emergency treatment/aid is required, I wish the following procedures to take place:

PUBLICITY RELEASE:

- I consent**
- I do not consent**

to and authorize the use and reproduction by Shangri-la Therapeutic Academy of Riding of 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.

CONFIDENTIALITY STATEMENT:

The volunteer shall keep confidential all medical, social, referral, personal and financial information regarding a rider, their family, other volunteers or staff, including information on Shangri-La Therapeutic Academy of Riding’s mailing lists. Additionally, there will be no posting of pictures or other information on any social networking site, i.e. facebook, MySpace, etc. without expressed permission of STAR and the parents or guardians of the STAR participant.

I understand and will observe the confidentiality policy of Shangri-La Therapeutic Academy of Riding. _____
Volunteer Initials

RELEASE AND INDEMNITY AGREEMENT:

By signing below, I affirmatively state that as a volunteer of Shangri-La Therapeutic Academy of Riding, I understand and agree to release, discharge and hold harmless all instructors, therapists, staff, horse owners, or any and all other parties, agents, or representatives involved with STAR from liability for all manner of claims, demands and damages I may have, whether for property damage or personal injury, resulting from or in any way growing out of my participation as a volunteer for STAR.

Under Tennessee law, an equine professional is not liable for an injury to or death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Tennessee Code Annotated, Title 44, Chapter 20, Section 1.

The signature below attests that I/we have read and understand each of the above-mentioned releases in accordance with STAR’s policy.

Volunteer Signature: _____ **Date:** _____

Parent/Guardian Signature if volunteer is under 18: _____

FORM REVIEWED: _____/2011 _____/2012 _____/2013 _____/2014 _____/2015 _____/2016

**VOLUNTEERS MUST INITIAL ONCE PER YEAR TO VERIFY INFORMATION IS CURRENT.
~ ANY CHANGES WILL REQUIRE A NEW FORM ~**