



Date: _____

Volunteer Information and Release Form

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: _____
(Last Name) (First Name) (Preferred Name)

Address: _____ City/State/Zip: _____

School/Employer: _____ DOB: ____/____/____ Age: _____
mm/dd/yyyy

Email: _____ Home #: _____ Cell #: _____

Can we text you? Yes No What is the **BEST** number to reach you? (Check one) Home Cell

How did you hear about STAR? Family Friends School Online Drive By
 Other: Please specify _____

Are you a current Armed Service member or Veteran? Yes No

LESSON VOLUNTEERS

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

Can you walk for 60 minutes? Yes No Jog Short Distances? Yes No

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

Do you have any experience with individuals with special needs or other skills/training which may be of benefit?
(Certifications, 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
- Hay
- Facility Maintenance
- STAR Events Committees

Committees

- Guild (Assist with small events, baking, gardening, etc.)
- STAR Fundraisers
- Horse Leaders

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

- Barn Helpers
- Minis in Motion
- Heroes & Horses (Current or retired military only)
- Equine Committee
- Sessions
- Horse Care

SUB-LIST INFORMATION

The Sub-List helps volunteers find replacements when they can't make their scheduled class time. **(Junior Vols do not need to find subs.)** Add me to the SUB-LIST.

Please note all available days/times: _____

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 NOTIFICATIONS

Primary Name: _____ Relationship: _____ Phone: _____

Secondary Name: _____ Relationship: _____ Phone: _____

Allergies/medical concerns: _____

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, Twitter, YouTube, 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 (if under 18) _____ **Phone #:** _____
(Print name)

Parent/Guardian Signature (if under 18): _____

STAR Staff Use Only:

FORM REVIEWED: _____/2024 _____/2025 _____/2026 _____/2027 _____/2028 _____/2029

VOLUNTEERS MUST INITIAL ONCE PER YEAR TO VERIFY INFORMATION IS CURRENT.

~ ANY CHANGES MAY REQUIRE A NEW FORM. ~