



# Volunteer Information and Release Form

## 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) (Preferred Name)

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

School/Employer: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Email: \_\_\_\_\_  
mm/dd/yyyy

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 Specify \_\_\_\_\_

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

Which **LOCATION** do you prefer to volunteer for?  Lenoir City  South Knoxville  As Needed

## 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
- Facility Maintenance
- Hay

### **Committees**

- Guild (Assists with small events, baking, gardening, etc.)
- STAR Fundraisers
- STAR Events Committees

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

- Barn Helpers (Bring-in, Turn-out)
- Minis In Motion
- Horse Leaders
- 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:

Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
From	To	From	To	From	To	From	To	From	To	From	To	From	To

**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): \_\_\_\_\_

**FORM REVIEWED: \_\_\_\_\_/2023 \_\_\_\_\_/2024 \_\_\_\_\_/2025 \_\_\_\_\_/2026 \_\_\_\_\_/2027 \_\_\_\_\_/2028**

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

**~ ANY CHANGES MAY REQUIRE A NEW FORM. ~**