

P.O. Box 405 Redwood Valley, CA 95470 (707) 391-3873

Volunteer Application

Name:				
Mailing Address:				
Home Phone:	Cell Phone:			
Email:				
Address:				
Occupation: Sc	hool/Employer:			
Emergency Contact:	Relationship:			
Emergency Contact Phone Number:				
Are you First Aid certified? YES / NO				
Expiration Date: CPR Certifie	ed? Date Exp:			
Have you ever been convicted of a criminal offense? YES / NO				
If yes, what date: W	hat offense:			
Please explain:				

The above information may be checked, and I give permission for an inquiry to be made as to my suitability as a volunteer at Seabiscuit Therapeutic Riding Center.

Signature:	Date:	
Signature Parent/Guardian:	Date:	
(If a minor child)		

Information About You

Height:	Weight:	(Height and weight are required to ensure an
appropriate ma	tch with the hors	es.)

Can you walk for up to 60 minutes in one session? YES / NO

Can you jog for short distances? YES / NO

Given a chance to change sides, can you hold your arm above shoulder level to support a modest weight? YES / NO

Date of Last Tetanus Shot: _____

Are you comfortable walking around horses? YES / NO

Please describe any prior experience with horses: ______

Please describe any prior experience working with people with special needs:

Please list the day(s) and time(s)) you can volunteer:

How often would you like to volunteer? _____

Would you be interested in other areas of volunteering with Seabiscuit Therapeutic Riding Center? YES / NO

If yes, please check the areas in which you are interested:

- Newsletter
- Grant Writing
- Board of Directors
- Community Education
- Fundraising
- □ Facility Maintenance
- Other: _____

Do you have any special skills that you think would be helpful to our program (computer, carpentry, art, public speaking, etc.)?

Would you be interested in helping in the barn? YES / NO

If yes, please check the areas in which you are interested:

- Feeding horses
- Cleaning paddocks on non-lesson days

Horse training, conditioning, and routine exercise (including groundwork)

A Note About Riding: To be allowed to ride our horses, volunteers must have a riding background, always follow Seabiscuit Therapeutic Riding Center standards of horsemanship, and be screened by the Program Director first.

Confidentiality Agreement

I agree that any information that I acquire regarding clients, volunteers, staff, or other individuals affiliated with Seabiscuit Therapeutic Riding Center is strictly confidential. Any information, including client information, history, and other documents or materials, wil NOT be discussed outside of the facility. All information will be kept confidential during and after my time at Seabiscuit Therapeutic Riding Center. Client information must not be shared via social media sites such as Facebook, Twitter, or Instagram. Information about Seabiscuit Therapeutic Riding Center, its clients, volunteers, staff, or programming procedures will NOT be shared on these sites. If a breach of confidence is discovered, it will be addressed immediately and might be followed up by disciplinary actions up to and including termination. Photos and videos are not to be taken of students and volunteers, nor should they be shared or posted without consent of Seabiscuit Therapeutic Riding Center and the subject(s) of the photos or videos.

Signature:	Date:	
Signature Parent/Guardian:	Date:	
(If a minor child)		