



7 Star Therapeutic Riding Center
An Equine-Assisted Therapy Program

VOLUNTEER APPLICATION

Thank you for your interest in our organization. So that we can best utilize your experience and interests, please complete this application form as fully as possible.

PERSONAL INFORMATION *(Please print legibly)*

Have you ever been affiliated with 7 Star as a volunteer or rider? No Yes

If yes, when and how? _____

Mr. Mrs. Ms Miss

Name:

First M.I. Last

Address:

City/State: _____ Zip: _____

Phones: home _____ cell _____ work _____

Employer/Occupation:

Email: _____

Providing your email allows 7 Star to send you program news, updates, information, etc. It will NOT be sold or given to ANY third parties.

Age: _____ Birthdate _____ Ethnicity: Hispanic White Black Asian

American Indian/Alaskan Native Native Hawaiian/Pacific Islander

How did you learn about 7 Star? Radio/TV Newspaper Internet

Other – Please explain _____

UNIVERSITY/COMMUNITY SERVICE INFORMATION (Only complete if it applies to you).

If you're volunteering to complete **university curriculum service hours**, how many hours do you need to fulfill your requirement? _____

What is your major? _____

If you're volunteering to complete your **Court-mandated community service**, how many hours do you need to fulfill your requirement? _____

Who is the referring Court? _____ Judge? _____

INTERESTS

Why do you want to volunteer with 7 Star?

Please list any special skills that you could offer (i.e., *sign language, computer, carpentry, foreign language*)

Please describe your general background (i.e., *education, work experience*)

RELATED EXPERIENCE AND SKILLS

Have you had previous experience working with youth with disabilities?

Yes No If "Yes", please describe including specific skills/degrees

Have you had previous experience working with horses? Yes No

If "Yes", please describe:

Are you certified in – First Aid CPR

When does your certificate expire? _____

Emergency contact: (Name) _____

Phone: (____) _____

TIME COMMITMENT:

What is your availability, or the amount of time, you are interested in contributing:

Availability:

Weekly _____ Bi-Weekly _____ Monthly _____ Special Events _____

Please circle all that apply to your availability.

Monday	Tuesday	Wednesday	Thursday	Friday
	3:00			
	3:30			
	4:00		4:00	
	4:30		4:30	
	5:00		5:00	
	5:30		5:30	
	6:00		6:00	
	6:30		6:30	
	7:00		7:00	
	7:30		7:30	
	8:00		8:00	

Since our ability to serve our clients strongly depends on the availability of our volunteers, it is imperative that you contact the Volunteer Coordinator if you cannot attend at your assigned time – 806-316-2473!

Health History

Please list any health or physical problems that you might have that you feel we might need to know, or that would limit your ability to assist in our programs.

Volunteer Release of Liability:

I, _____ would like to participate in the 7 Star Therapeutic Riding Center program. I acknowledge the risks and potential risks of horseback riding and of being around horses. I however, feel the possible benefits are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs, my assigns, executors or administrators, waive and release forever all claims for damages against 7 Star Therapeutic Riding Center, its Board of Directors, Guarantors, Instructors, Therapists, Aides, Volunteers and/or employees for any all injuries and/or losses I may sustain while participating in the 7 Star programs.

WARNING: Under Texas Law (Chapter 87, Civil Practice and Remedies Code) an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities.

Signature _____ Date _____

If under 17 years of age, parent/guardian signature required below:

Signature _____ Date _____

Photo and Video Consent – (We frequently take pictures of our sessions to be used in our public relations efforts to tell the story of 7 Star and many times the volunteers are included.)

Signature _____ Date _____

If under 17 years of age, parent/guardian signature required below:

Signature _____ Date _____



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Criminal History Release

NAME: _____

Please list ALL previous names:

Driver's License _____ DOB: _____

I hereby authorize any appropriate certified Law Enforcement Agency to release arrest information about myself to 7 Star.

I understand that this information shall be limited to type, date, and disposition of the offense, if any. I further agree to indemnify and hold harmless that Agency for and from any liability arising from the release of this information.

Date

Signature