



The Saddle Light Center for Therapeutic Horsemanship
 17530 Old Evans Road
 Selma, TX 78154

Phone: (210) 651-9574
 Fax: (210) 651-3495
 Web: thesaddlelightcenter.com

VOLUNTEER AUTHORIZATION AND RELEASE

Contact Information

First Name: _____ Last Name: _____
 Address: _____ State: _____ ZIP: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____
 E-mail: _____ Date of Birth: _____

If under 18 years:

Parent/ Guardian

Name: _____
 Address: _____ State: _____ ZIP: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____

In Case of Emergency:

In the event that emergency medical aid/treatment is required while participating in program activities, or while on the property of the agency, Saddle Light Center will seek treatment as indicated below.

____ I DO authorize the **Saddle Light Center** to secure medical treatment and transportation.

____ I DO NOT authorize the **Saddle Light Center** to secure medical treatment and transportation.

Emergency Contact

Name: _____ Phone: _____ Relation: _____
 Address: _____ City: _____ State: _____ ZIP: _____
 Physician: _____ Phone: _____
 Hospital: _____ Location: _____

Volunteer Time/Day(s)

Circle/Check Available Time Slots

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|----------------|-------------|-------------|-------------|-------------|-------------|---------------|
| ____ 7:30-10am | | | | | | ____ 8am-12pm |
| ____ 3:30-6 pm | ____ 3-6 pm | ____ 3-6 pm | ____ 3-6 pm | ____ 3-6 pm | ____ 3-6 pm | ____ 4-6 pm |
| | ____ 6-9 pm | ____ 6-9 pm | ____ 6-9 pm | ____ 6-9 pm | ____ 6-9 pm | |



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Photo Release:

From time to time Saddle Light will use photographs or other audio-visual materials taken at the center for promotional or educational purposes to benefit the center and its programs.

____ **I DO** authorize the **Saddle Light Center** to use any photographs or other audio-visual materials taken of me.

____ **I DO NOT** authorize the **Saddle Light Center** to use any photographs or other audio-visual materials taken of me.

Volunteer Liability Release:

As a volunteer in the Saddle Light Center program, I acknowledge the risks and potential for risks of a horseback riding program. However I feel that the possible benefits for myself and the clients with whom I work are greater than the risks assumed. I hereby waive and release forever all claims for damages against The Saddle Light Center, its board of directors, instructors, therapists, volunteers and/or employees for any and all injuries and/or losses I may sustain while participating in The Saddle Light Center's program.

Volunteer Signature: _____ Date: _____

Confidentiality Policy

I have read and agree to abide by The Saddle Light Center Confidentiality Policy

Volunteer Signature: _____ Date: _____

If volunteer is under 18 years of age:

Parent/Guardian Signature: _____ Date: _____

NOTE: UNDER TEXAS LAW (CHAPTER 87, CML 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.

Added by Acts 1995, Leg.. Ch. 549, section 1, effective September 1, 1995.



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Experience

Thank you for your interest in volunteering at The Saddle Light Center for Therapeutic Horsemanship. The following questions are designed to help us learn more about you so that we can continue to improve our volunteer program and help you fulfill your expectations as a volunteer. We want you to enjoy your volunteer experience as much as possible, because we can't do it without you!

How did you first learn about The Saddle Light Center? If referred, please list which organization or individual told you about us.

Why do you want to volunteer with The Saddle Light Center?

Have you volunteered at The Saddle Light Center or another therapeutic riding center before?
____No ____Yes If yes, where? What were your responsibilities?

Please list any special talents you have that you would like to contribute (administrative assistance, event planning, marketing, computer skills, fundraising, photography/videography, carpentry, etc.)



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Have you had any previous experience working with children or adults who are physically, visually, auditorially or emotionally challenged?

_____ No _____ Yes If yes, please describe.

Have you had previous experience working with horses?

_____ No _____ Yes If yes, please describe.

Are you certified in First Aid? _____ No _____ Yes CPR? _____ No _____ Yes

Please check all areas in which you have a special interest in expanding your volunteer role.

- | | |
|---------------------------------|----------------------------------|
| _____ Tack cleaning/repair | _____ Barn/grounds maintenance |
| _____ Administrative assistance | _____ Fundraising |
| _____ Event planning | _____ Marketing/public relations |

How far will you have to travel to reach the Saddle Light Center? _____

Can you work at least one night per week for at least three hours? If yes, which night (M-F)?

_____ No _____ Yes If no, when are you available to volunteer?

Additional information or comments you wish to share?

Thank you!