



Volunteer Form

Please Print Clearly

Last Name: _____ First Name: _____ Date of Birth: _____

Address: _____ City, State, Zip: _____

Phone(s): _____

Email Address: _____

Employer: _____

If a Student, Name of School: _____ Grade: _____

Please Check All Areas of Interest:

- Checkboxes for: Arena Assistant, Fundraising, Grounds Keeper, Marketing/Advertising, Chores/Feeding, General Office, Horse Handling, Sidewalking w/a student, Events Coordination, Grant Writing, Horse Prep/Barn Work, Volunteer Recruiting/Scheduling

How did you hear about Willow Creek Ranch? _____

Please indicate available days and times you are interested in volunteering: (Note: Currently program classes are held on Tuesday, Wednesday and Thursday evenings)

Can you walk for 45 minutes and jog short distances? _____ Yes _____ No

Please describe your experience working with individuals who have special needs: _____

How many years of experience do you have working with horses? _____ Please describe: _____

Do you have a friend or family member who would be interested in receiving volunteer information from WCR?

Name: _____ Phone/Email: _____

Release Statements:

Photo/Audio/Video Release: I consent to authorize the use and reproduction by Willow Creek Ranch, Inc. of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions, etc., for the benefit of the program.

Volunteer Liability Release: As a volunteer at WCR, Inc., I acknowledge the risk of a horseback-riding program. However, I feel that the possible benefits to me and the clients I work with are greater than the risk I assume. I hereby intend to be legally bound, for myself, my heirs and assigns, executors or administrators, to waive and release forever all claims for damage against WCR, Inc., its Board of Directors, instructors, therapists, volunteers and/or employees for any and all injuries and or losses I may sustain while participating in WCR, Inc. programs and activities.

I consent to both the Photo/Audio/Video and the Volunteer Liability Releases: (If under age 18, parent must sign)

Volunteer Signature: _____ Date: _____

Parent/Guardian Signature (if under age 18) _____ Date: _____

(Office: Forms Complete _____; Roster _____; Email group _____; Orientation _____ Emer. Dismt. _____)