

**Buddy Up! Horsemanship  
Volunteer Information Form**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Telephone (H) \_\_\_\_\_ (Cell) \_\_\_\_\_ (W) \_\_\_\_\_

Birth date \_\_\_\_\_ Occupation \_\_\_\_\_

(If under 18)

Employer \_\_\_\_\_

If student, name of school \_\_\_\_\_

*Parent's signature of approval if under age 18.*

\_\_\_\_\_  
*Parent/Guardian Date*

**Days you are available:**

Mon Tues Wed Thurs Fri Sat

Hours preferred \_\_\_\_\_

Do you have any physical Limitations?

yes \_\_\_\_\_ no \_\_\_\_\_

Check areas of interest:

**Program Volunteer**

\_\_\_\_ Leading a horse

\_\_\_\_ Sidewalking with a student

\_\_\_\_ Stable Care

\_\_\_\_ Facility Repair

\_\_\_\_ Other \_\_\_\_\_

**Administration Volunteer**

\_\_\_\_ Public Relations

\_\_\_\_ Fund Raising

\_\_\_\_ Volunteer Recruitment

\_\_\_\_ Budget & Finance

\_\_\_\_ Newsletter/website

\_\_\_\_ Photography/video with horses

**Experience level with horses**

No Horse Experience/Beginner

\_\_\_\_ Some Experience/Comfortable

\_\_\_\_ Advanced/Knowledgeable

Do you have experience working with physically/emotionally challenged individuals?

\_\_\_\_\_

How did you hear about Buddy Up! Horsemanship?

\_\_\_\_\_

***Please return this form to: Buddy Up! Horsemanship  
6024 Tiger Tail Dr. SW Olympia WA, 98512***

**Buddy Up! Horsemanship  
Volunteer/Staff Information Form**

**In case of an emergency:**

Contact Name: \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Physician \_\_\_\_\_ Hospital \_\_\_\_\_

In case of emergency, I give permission to Buddy Up! to secure medical treatment including x-ray, surgery, hospitalization and medication.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**Photo Release**

I consent to and authorize the use and reproduction by Buddy Up! 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.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**Volunteer Liability Release**

As a volunteer at Buddy Up!, I acknowledge the risks and potential for risks of a horseback riding program. However, I feel that the possible benefits to myself and the clients I work with are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Buddy Up!, its instructors, volunteers and/or employees for any and all injuries and/or losses I may sustain while participating in Buddy Up! Horsemanship activities.

Date \_\_\_\_\_ Signature \_\_\_\_\_