



Sebastian Riding Associates Volunteer Registration

(Print out, complete and schedule an orientation with Cyndi, sebastianvol@verizon.net)

Name: _____ Birthdate: _____ Today's Date: _____

Address: _____ Town: _____ Zip: _____

Best way to reach you: (Home, Work, Cell, Text?) Phone: _____

E-mail Address: _____

I am interested in:

- Helping with Stable & Pastures
- Horse Care
- Facility Repairs & Property Maintenance
- Public Relations/Newsletter
- Fundraising Projects & Benefit Events
- Volunteer Coordinating & Training
- Administrative/Office Help
- Side-walking in lessons with student
- Leading Horse in lessons with student
- Assisting Instructors with student groom & tack for lessons
- Assisting students in Horse Shows & Camps

Sebastian is open 7 days a week 7am-7pm, year round.

No matter what your time schedule or ability, Sebastian's has a volunteer position for you.

Can you assist on a regular basis a few hours weekly? or every other week?

Are your hours for a special project? Explain _____ How many hours? _____

Which days and during which times you are able to help?

(Example: Monday: Morning: 6am-8:30am or 9am-11am and Tuesday: Midday:12:30 – 3pm Friday Evenings 5pm-7pm)

- Monday: Morning _____ Midday _____ Evening _____
- Tuesday: Morning _____ Midday _____ Evening _____
- Wednesday: Morning _____ Midday _____ Evening _____
- Thursday: Morning _____ Midday _____ Evening _____
- Friday: Morning _____ Midday _____ Evening _____
- Saturday: Morning _____ Midday _____ Evening _____
- Sunday: Morning _____ Midday _____ Evening _____

All Seasons Winter Spring Summer Summer Camps only Fall

Describe your experience with horses? _____

Describe your experience with people with disabilities? _____



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Child Abuse & Criminal Background Clearances (Required for adult volunteers 18yrs old+)

I understand that both a Child Abuse Clearance & a Criminal Background Clearance are required by the state prior to Volunteering to work with children. The state requires Clearances be renewed every 57months.

Initial & Date

I have attached my recent: Child Abuse Clearance Criminal Background Clearance

Photography Agreement:

I DO DO NOT consent to and authorize the use and reproduction by Sebastian Riding Associates of any and all photos/audiovisual materials taken of me for promotional material, educational activities and exhibit displays.

Initial & Date

Confidentiality Agreement

I understand that all information (written and verbal) about participants at Sebastian Riding Associates is confidential and will not be shared with anyone.

Initial & Date

Emergency Contact & Treatment Release

Name: _____ I

Daytime: _____ Evening: _____ Cell: _____

In the event emergency medical aid/treatment is required, I authorize Sebastian Riding Associates to secure and retain medical treatment and transportation.

Describe any allergies or any medical condition we should be aware?

(Please explain specifically). _____

My signature below certifies my understanding of an agreement with the above statements and releases. I would like to participate in Sebastian's volunteer program. I understand the risks involved and release and hold harmless employees, contractors, board members, volunteers of Sebastian Riding Associates and Evansburg State Park for claims and injuries.

Signature: _____ **Date:** _____

(Parent/Guardian if under 18)