

Three Gaits, Inc.
Therapeutic Horsemanship Center



Mailing Address:
P.O. Box 153
Oregon, WI. 53575
Office: (608) 877-9086
3gaits@3gaits.org

Physical Address:
3741 Hwy. 138 West
Stoughton WI 53589
Fax: (608) 873-1929
www.3gaits.org

Volunteer Information Form

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: Home: _____ Work: _____ Cell, pager, other: _____

Which phone number is the best to reach you? _____ Date of Birth: _____

Email: _____

State law allows agencies to do background screening on volunteers working directly with children. Do you authorize us to do so? Yes No WI Driver's License: _____

In Case of Emergency (MANDATORY)

Please contact: Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell/pager: _____

Address: _____

Physician: _____ Phone: _____

Hospital/HMO and location: _____

I give my consent to Three Gaits, Inc. to secure medical transportation and treatment, including x-ray, surgery, hospitalization, and medication.

I do not give my consent for emergency medication treatment/aid in the case of illness or injury while being on the property of the agency. In the event emergency treatment/aid is required, I wish the following procedures to take place: _____

Date: _____ Volunteer Signature: _____

Date: _____ Parent Signature (if volunteer under age of 18): _____

Volunteer Liability Release (MANDATORY)

In accordance with the Wisconsin Law relating to the limitation of civil liability regarding equine activities: "NOTICE: A person who is engaged for compensation in the rental of equines or equine equipment or tack or in the instruction of a person in the riding or driving of an equine or in being a passenger upon an equine is not liable for the injury or death of a person involved in the equine activities resulting from the inherent risks of equine activities, as defined in section 895.481 (1) (e) of the Wisconsin Statutes." As a volunteer at Three Gaits, Inc., I acknowledge the risks and potential for risks of a horseback riding program. However, I feel that the possible benefits to myself and the client 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 Three Gaits, 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 Three Gaits, Inc.

Date: _____ Volunteer Signature: _____

Date: _____ Parent Signature (if volunteer under age of 18): _____

Photo Release (MANDATORY)

I do I do not consent to and authorize the use and reproduction by Three Gaits, Inc. of any and all photographs and any other audio-visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Date: _____ Volunteer Signature: _____

Date: _____ Parent Signature (if volunteer under age of 18): _____

Additional Information

Program Volunteer

- Leading a horse
- Sidewalking with a student
- Fundraisers / Special Events
 - Student horse show
 - Dressage / Open horse show
 - Spring Event
 - Fall Event
- Other _____

Facility

- Facility maintenance
- Facility carpentry
- Site workdays
- Arena maintenance
- Lawn care / Gardening
- Office cleaning/maintenance
- Stall Cleaning/Barn work
- Other _____

Administration

- Board of Directors
- Newsletter / Mailings
- Fund raising
- Volunteer recruitment
- Photography / Video
- Budget / Financing
- Future planning
- Computer
- Other _____

Please indicate the days of the week and time of day you are able to volunteer:

| | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY | SUNDAY |
|-----------|--------|---------|-----------|----------|--------|----------|--------|
| MORNING | | | | | | | |
| AFTERNOON | | | | | | | |
| EVENING | | | | | | | |

Are you able to provide transportation assistance to other volunteers living near you? Yes No

Year you began volunteering at Three Gaits: _____ How did you learn about Three Gaits?: _____

Can you walk for 60 minutes and jog short distances? Yes No Do you have any medical conditions we should know about? If so, please describe: _____

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

Please briefly describe any experience working with horses: _____

Why do you choose to volunteer with Three Gaits and what do you hope to gain from the experience?

Do you have a friend who would be interested in receiving volunteer information from Three Gaits?

Name: _____ Phone or Email: _____

In order to be more effective when selecting contractors or service providers, and when approaching companies and foundations for financial support, Three Gaits requests information on associations and relationships between businesses and our riders, families and volunteers. We will not contact your place of business or use your name, or the names of your family members, without your prior permission and knowledge. Thank you in advance.

Volunteer's Employer: _____ Occupation: _____

Contact Name: _____ Phone: _____

Employer: _____ Occupation: _____

Do you or a family member belong to any organizations that you would like to share with Three Gaits? _____

FOR OFFICE USE ONLY:

VOLUNTEER CALLED Date: _____ ADDED TO GIFTWORKS Date: _____
 VOLUNTEER TRAINING Date: _____ PROFILE CREATED Date: _____