



Three Gaits, Inc. Therapeutic Horsemanship Center

Mailing Address:
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info@three-gaits.org

Physical Address:
Hwy. 138 West
Stoughton WI 53589
Fax: 608-873-1929
www.three-gaits.org

Volunteer Information Form

Name: _____ Date of Birth: _____

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

Phone: Home: _____ Work: _____ Cell: _____ Best number to reach you? _____

Email: _____

State law allows agencies to do background screening on volunteers working directly with children. Do you authorize us to do so? Yes No

In Case of Emergency (MANDATORY)

Please contact: Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Address: _____

Physician: _____ Phone: _____

Hospital/Clinic and location: _____

I give my consent to Three Gaits, Inc. to secure medical transportation and treatment, including xray, 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 Three Gaits. In the event emergency treatment/aid is required, I wish the following procedures to take place:

Date: _____ Volunteer Signature: _____

Date: _____ Parent Signature (if volunteer is under age 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 is under age 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 materials, educational activities, exhibitions or for any other use for the benefit of the program including printed, electronic, social and news media.

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/Shows
- Exercise rider (requires approval)
- Horse care (requires approval)
- Other _____

Facility

- Facility maintenance/repair
- Site workdays
- Arena maintenance
- Lawn care/Gardening
- Office cleaning/maintenance
- Stall Cleaning/Barn work
- Unloading/stacking hay
- Other _____

Administration

- Board of Directors/Committees
- Communications
- Fundraising/development
- Volunteer recruitment
- Photography/Video
- Budget/Finance
- Strategic planning
- Computer/IT/Data entry
- Other _____

Are you able to carpool with other volunteers living near you? Yes No

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: _____

Describe your experience working with individuals who have special needs: _____

Describe any experience working with horses: _____

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

We believe in building and supporting our community. To help us build connections to select vendors and approach companies for donations, Three Gaits requests information on associations and relationships between businesses and our students, families and volunteers. We will not contact your employer or use your or your family members' names without your prior permission and knowledge.

Volunteer's Employer: _____ Occupation: _____

Contact Name: _____ Phone: _____

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

FOR OFFICE USE ONLY:

VOLUNTEER INQUIRED Date: _____ INQUIRY ACKNOWLEDGED Date: _____

ADDED TO GIFTWORKS Date: _____ VOLUNTEER VIDEOS SENT Date: _____

VOLUNTEER TRAINING Date: _____ VOLUNTEER SCHEDULED Date: _____

ADDITIONAL POLICIES/ACKNOWLEDGEMENTS SIGNED Date: _____