



# Three Gaits, Inc.

## Therapeutic Horsemanship Center

3741 State Road 138  
Stoughton, WI 53589  
Phone: (608) 877-9086  
Web: three-gaits.org  
Email: info@three-gaits.org  
Facebook: www.facebook.com/threegaits

### Volunteer Information Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

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

### In Case of Emergency (MANDATORY)

Please contact: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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 materials, educational activities, exhibitions or for any other use for the benefit of the program.

Date: \_\_\_\_\_ Volunteer Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Parent Signature (if volunteer under age 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/Financing
- Computer/IT/Data entry
- Other \_\_\_\_\_

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? \_\_\_\_\_

**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 INQUIRED Date: \_\_\_\_\_ INQUIRY ACKNOWLEDGED Date: \_\_\_\_\_  
 ADDED TO GIFTWORKS Date: \_\_\_\_\_ VOLUNTEER VIDEOS SENT Date: \_\_\_\_\_  
 VOLUNTEER TRAINING Date: \_\_\_\_\_ VOLUNTEER SCHEDULED Date: \_\_\_\_\_