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: _____

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, social media, 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): _____

What Roles Interest You?

Program Volunteer

- ☐ Leading a horse
- ☐ Sidewalking with a student
- ☐ Fundraisers/Special events/shows
- ☐ 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
- ☐ Office filing
- ☐ Computer/IT/Data entry
- ☐ Other: _____

About You

How did you learn about Three Gaits? _____

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?

_____

_____

Business & Community Connections

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: _____

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: _____