



STRIDE
Southcentral Therapeutic Riding, Inc.

**P.O. Box 873032
Wasilla , AK 99687**

Email: stride-alaska@hotmail.com

VOLUNTEER CONTACT INFORMATION

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____ Other/Cell: _____

E-Mail Address: _____

Emergency Contact: _____ Phone: _____

Which rider are you volunteering with(if known)? _____

INTERESTS AND QUALIFICATIONS

What brings you to our program? Course Requirements Community Service Requirement Other
 Community Volunteer Continuing Education Credits

How did you learn about STRIDE? _____

Do you have any physical limitations? Yes No If yes, please specify: _____

Can you walk for 60 minutes and jog for short distances? Yes No

Given a chance to change sides frequently, can you hold your arm above shoulder height and support a modest weight?
 Yes No

Height: _____ Age: _____

Are you comfortable working or walking around horses and ponies? Yes No

Do you have experience with horses or ponies? Yes No If yes, describe: _____

What skills or training would you like to contribute to our program?

Please check the areas that interest you:

- | | | |
|---|--|--|
| <input type="checkbox"/> Sidewalker | <input type="checkbox"/> Equipment maintenance | <input type="checkbox"/> Publication design and production |
| <input type="checkbox"/> Mount leader | <input type="checkbox"/> Refreshments | <input type="checkbox"/> Volunteer recruitment |
| <input type="checkbox"/> Grooming and tacking | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Administrative/clerical |
| <input type="checkbox"/> Facility maintenance | <input type="checkbox"/> Publicity | <input type="checkbox"/> Board of Directors |

Which sessions would you be interested in/available for in 2013?

Spring (March, April, May) day or evening	Summer (June, July, August) day or evening	Fall (Sept., Oct., Nov.) day or evening	Winter (Dec., Jan., Feb.) day or evening
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Please keep in mind when you mark your time availability that all sessions except for the summer session will be conducted during the school year. Thanks!

As we get enough riders to form classes for each session you will be contacted by STRIDE to check your availability. At this time, days and times have not yet been established.

PHOTOGRAPHIC RELEASE

Note: The following must be signed by all volunteers or by the parents or guardians of volunteers who are less than 18 years of age.

I DO
 DO NOT

hereby give Southcentral Therapeutic Riding, Inc. (d/b/a STRIDE) the right and permission to publish, without charge or compensation, photographs of _____ taken in connection with his/her participation in activities sponsored or conducted by STRIDE. These pictures may be used only for purposes of promoting STRIDE and its equine assisted riding activities and may be disseminated through publication, audio-visual presentation, the Internet, promotional literature and advertising and may be subjected to digital manipulation. STRIDE will not reassign or sell the images covered by this release without further written permission from the person named above, or from his/her parent or guardian in the event he/she is under eighteen (18) years of age or is otherwise not legally competent to enter into contracts.

X _____ Date: _____
Volunteer, Parent or Legal Guardian

POLICY OF CONFIDENTIALITY

Confidentiality is defined as "told in secret or private relations; trusted." Any information in regards to the participants (clients) at STRIDE must be held in strict confidentiality. It is critical that we respect each individual. Confidentiality is considered one of the most basic responsibilities of our facility. Failure to abide by this policy may diminish the quality of the services we provide and result in legal ramifications. I have read and understand STRIDE's Policy of Confidentiality and agree to abide by it.

X _____ Date: _____
Volunteer

VOLUNTEER RELEASE OF LIABILITY

I have read and signed the volunteer release form provided by STRIDE. If I am a minor, my parent or guardian has read and signed the release form. Yes No

To return this form electronically as an attachment to an email message, only return the first page to stride-alaska@hotmail.com The second page must be signed and turned in when you come to volunteer orientation.

Completed forms should be brought to orientation meeting, or first session attending.

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Thank you for supporting Southcentral Therapeutic Riding, Inc.!