

REQUEST TO VOLUNTEER FORM

Date: _____

Hope's Promise

Equine Assisted Activities Programs
Chester, New Jersey
973.868.8808

Name: _____

Home Phone: _____

Address: _____

Cell phone: _____

Other phone: _____

E-mail: _____

Birthdate: _____

If student, name of school: _____

Occupation: _____

How did you learn about us? _____

Do you have a criminal record? Yes _____ No _____

If yes, please explain: _____

Hope's Promise reserves the right to deny volunteer offers based on background check results.

Areas	Horse Leading	_____	Sidewalking	_____	Fundraising	_____
Of	Stable Chores	_____	Horse Care	_____	Other:	_____
interest:	Grounds Maintenance	_____	Volunteer Recruiter	_____		

Hope's Promise has a number of volunteer positions available at different times of the day and during different seasons. Please indicate any additional volunteer opportunities you would be interested in: For example: facility maintenance, special projects, daily feed and care, etc.

Please describe your prior horse experience and/or experience working with individuals with special needs:

Volunteers are the backbone of any nonprofit organization. Completing this form does not commit you to a schedule. We are simply trying to get a feel for who is available and when. As always, your commitment and schedule will be confirmed each session and is subject to change due to rider availability, schedule changes, weather, etc.

Volunteer Liability Release

As a volunteer at Hope's Promise, I acknowledge the risks and potential for risks of a horseback riding program. However, I feel that the possible benefits to myself and the clients 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 Hope's Promise, LLC, its instructors, volunteers and/or employees for all injuries and/or losses I may sustain while participating in Hope's Promise Therapeutic Riding Program.

Signature: _____

Date: _____

Signature of parent or guardian: _____

Date: _____