

Emerald Hollow Therapeutic Riding Center, Inc.  
235 Run Hill Road, Brewster, MA 02631  
[www.emeraldhollow.org](http://www.emeraldhollow.org)  
(508) 896-0064

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Height: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

For volunteers under 18 years of age:

Parent/Guardian Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Please place a check by your preferred method of contact:

\_\_\_\_\_ Home Phone \_\_\_\_\_

\_\_\_\_\_ Work Phone \_\_\_\_\_

\_\_\_\_\_ Cell Phone \_\_\_\_\_

\_\_\_\_\_ Text Message \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

Most Recent Employment/School: \_\_\_\_\_ Occupation: \_\_\_\_\_

\_\_\_\_\_ My employer gives time off for volunteering \_\_\_\_\_ My employer matches cash donations

Reason for volunteering:

\_\_\_\_\_ Personal Fulfillment

\_\_\_\_\_ School Requirement

\_\_\_\_\_ Court required community service

\_\_\_\_\_ Other: \_\_\_\_\_

How did you hear about Emerald Hollow?

\_\_\_\_\_ Friend

\_\_\_\_\_ Relative

\_\_\_\_\_ Newspaper

\_\_\_\_\_ Flyer

\_\_\_\_\_ Web Search

\_\_\_\_\_ Other: \_\_\_\_\_

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**Photo & Publicity Release**

\_\_\_\_\_ I hereby consent and authorize \_\_\_\_\_ I do not consent to, nor do I authorize Emerald Hollow Therapeutic Riding Center, Inc. to use my or my child's photograph or image in its print, online, and video publications; and release Emerald Hollow Therapeutic Riding Center, Inc., its employees and any outside third parties from all liabilities or claims that I might assert in connection with the above-described activities; and waive any right to inspect, approve or receive compensation for any materials or communications, including photographs, videotapes, DVDs, website images or written materials, incorporating photos/images of me or my child.

Date: \_\_\_\_\_

Consent Signature (Client, Parent, or Legal Guardian):

\_\_\_\_\_

**Liability Release** (Required)

\_\_\_\_\_ (name) would like to participate in the Emerald Hollow Therapeutic Riding Center, Inc. Program. I acknowledge the risks and potential for risks of horseback riding and related equine activities, including grievous bodily harm. However, I feel that the possible benefits to myself/my child/my ward are greater than the risk assumed. I hereby, intending to be legally bound for myself, my heirs and assigns, executors, and administrators, waive and release forever all claims for damages against Emerald Hollow Therapeutic Riding Center, Inc., its Board of Directors, Instructors, Therapists, Aides, Volunteers, and/or Employees for any and all injuries and/or losses I/my child/my ward may sustain while participating in the Program from whatever cause including but not limited to the negligence of these released parties. The undersigned acknowledges that he/she has read this Registration and Release Form in its entirety; that he/she understands the terms of this release and has signed this release voluntarily and with full knowledge of the effects thereof.

Date: \_\_\_\_\_

Consent Signature (Client, Parent, or Legal Guardian):

\_\_\_\_\_

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**Confidentiality Policy** (required)

At Emerald Hollow, we place great importance on protecting the confidential information of our clients, our staff, and our volunteers. "Confidential Information" includes, but is not limited to, personally identifiable information such as surnames, telephone numbers, addresses, e-mails, etc., as well as the non-public business records of Emerald Hollow. In particular, medical information about clients, and information about their disabilities or special needs, must be protected as Confidential Information. Volunteers shall never disclose Confidential Information to anyone other than Emerald Hollow Staff. Volunteers must seek staff permission before taking any pictures or videos. **I have read and understand the Emerald Hollow Confidentiality Policy and agree to abide by same.**

Date: \_\_\_\_\_ Signature \_\_\_\_\_ / \_\_\_\_\_

*If volunteer is under 18 years of age, both parent & volunteer signatures are required.*

**Authorization for Emergency Medical Treatment - In the Event of an Emergency:**

Preferred medical facility: \_\_\_\_\_

Emergency Contact 1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Ph: \_\_\_\_\_ (ext.) \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Ph: \_\_\_\_\_ (ext.) \_\_\_\_\_

Cell Phone: \_\_\_\_\_

In the event emergency medical aid/treatment is required due to illness or injury while receiving services, or while on the property of EHTRC, I authorize EMERALD HOLLOW THERAPEUTIC RIDING CENTER, INC. to:

1. Secure and retain medical treatment and transportation, as needed.
2. Release participant's records upon request to the authorized individual or agency involved in the medical emergency treatment.

**Consent and Authorization**

This release and authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life-saving" by the physician or other licensed medical provider. **This consent will only be used if the person(s) listed as emergency contacts cannot be reached.**

Date: \_\_\_\_\_

Consent Signature (Client, Parent, or Legal Guardian):

\_\_\_\_\_

**Reference & Background Check Information**

Reference Name (non relative): \_\_\_\_\_

Phone: \_\_\_\_\_

Volunteers 18 years and older please complete this portion.

Please attach a copy of your driver's license or other photo ID:

If not submitted please indicate reason: \_\_\_\_\_

Have you ever been convicted of a criminal offense or have a conviction pending including any misdemeanors? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, when? \_\_\_\_\_

Please explain nature of offense \_\_\_\_\_

I understand that that Emerald Hollow Therapeutic Riding, Inc. may perform background checks on all new adult volunteers. The information on my volunteer application will be verified, and I give permission to make inquiry of others concerning my suitability to act serve as a volunteer at Emerald Hollow Therapeutic Riding, Inc.

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

Please tell us your experience with:

- Horses: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Individuals with Special Needs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Your Volunteer Interests Assisting with Lessons:**

- Side-walking with Riders
- Horse Leading (**must have horse experience**)
- Assisting with Unmounted Activities

Please indicate your availability. Check the days and time periods you are able to volunteer on a regular weekly basis. Your actual volunteer schedule will be arranged following your Orientation & Training session.

	Mornings 9:00 - 12:00	Afternoons 12:00 - 4:00	Evenings 4:00 - 6:30
<b>Monday</b>			
<b>Tuesday</b>			
<b>Wednesday</b>			

**Your Volunteer Interests Assisting in Other Areas:**

- Horse Care, Feeding, Cleaning Paddocks etc.
- General Maintenance & Repairs
- General Office Support
- Special Events Planning and Support

Please indicate your availability. Check the days and time periods you are able to volunteer on a regular weekly basis. Your actual volunteer schedule will be arranged following your Orientation & Training session.

	Mornings 9:00 - 12:00	Afternoons 12:00 - 4:00	Evenings 4:00 - 6:30
<b>Monday</b>			
<b>Tuesday</b>			
<b>Wednesday</b>			
<b>Thursday</b>			
<b>Friday</b>			
<b>Saturday</b>			

Do you have any other skills that would be beneficial to Emerald Hollow? Please check those that apply:

- Construction
- Photography
- Social Media/Marketing
- Fundraising
- Grant Writing
- Database Entry/Computers
- Graphic Design
- Other: \_\_\_\_\_

***Thank you! We look forward to having your support!***