



Today's Date \_\_\_\_\_

## RIDE TO FLY - VOLUNTEER APPLICATION

Name \_\_\_\_\_

Home/Cell Phone (    ) \_\_\_\_\_

Home Address \_\_\_\_\_  
(Street Address, City, State, Zip Code)

If Student, Name of School \_\_\_\_\_

Occupation \_\_\_\_\_

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

Date of Birth \_\_\_\_\_  
(Volunteer must be at least 14 yrs old)

Email Address \_\_\_\_\_

1. What Volunteer experience do you have?
2. What experiences do you have working with people with disabilities?
3. What special concerns do you have working about working with people with disabilities?
4. What experience do you have working with any animals in a therapeutic environment?
5. What experience do you have with horses?
6. What special concerns do you have about working with horses?
7. Would you be willing to learn to do things the way they are done at Ride to Fly so that horses are handled with consistency? \_\_\_\_\_
8. Lesson volunteers are required to lead a horse or walk beside a horse to assist a rider for up to one hour per lesson in all kinds of weather. Do you have any physical limitations that would make this difficult for you? If so, please explain.
9. Why do you want to volunteer with Ride to Fly?
10. What special talents do you feel you will bring to Ride to Fly?

### Ride To Fly

**Mailing Address:** P.O. Box 4991, Palos Verdes, CA 90274

**Barn Location:** 50 Narcissa Dr., Rancho Palos Verdes, CA 90275

**Barn Telephone:** (310) 541-4201

11. What would you most like to gain from your experience at Ride to Fly?

12. Are you willing to attend separately scheduled training sessions?

13. Please mark the volunteer opportunities you are interested in (training provided):

- Lesson -- Horse Leader:** Leads the horse during the lessons and is responsible for the horse during the lesson
- Lesson -- Side Walker:** Walks beside the horse to assist the rider; watches the rider
- Grooming, tacking, and untacking the horses**
- Fundraising:** Plan and staff special events to raise funds, grant writing, corporate gift solicitation, and membership letter writing
- Special Events:** Planning, preparing, decorating, setup, cleanup, etc
- Maintenance:** Routine repairs or improvements to the facilities and lesson materials
- Administrative:** Word processing, publicity, date entry, filing, copying, mailing, etc.
- Volunteer Recruiting and Coordinating**

14. List the days and the times during which you would be routinely available to volunteer: (Lessons are currently held on Wednesdays & Fridays from 2-5 PM and Saturdays from 9-2 PM)

15. Provide the names and telephone numbers of two references whom we may contact:

**Name** \_\_\_\_\_ **Relationship to you** \_\_\_\_\_

**Telephone: Day** ( ) \_\_\_\_\_ **Evening** ( ) \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship to you** \_\_\_\_\_

**Telephone: Day** ( ) \_\_\_\_\_ **Evening** ( ) \_\_\_\_\_

\*\* In order to become a volunteer, you will be required to complete an Emergency Form, sign a Medical Release Statement, and sign a Hold Harmless Agreement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Parent's Signature (for minors)

**Ride To Fly**

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# RELEASE & HOLD HARMLESS AGREEMENT

The program at Ride To Fly provides therapeutic horseback riding for people with disabilities. Volunteers and horses are carefully selected and trained. Safety equipment is required for all riders because horseback riding is an exercise that involves risk.

No student will be accepted for riding instruction and no volunteer will be accepted for participatory service until the form has been read, understood, completed, and signed by the student/volunteer, if that person is of legal age and sound mind, or by the parent(s)/guardian(s) of a minor who is applying to be a student/volunteer.

Although participation in the program is under strict supervision and every effort is made to avoid injury or accident, the undersigned acknowledges the inherent risks involved with riding and working around horses. These risks include bodily injury from horseback riding or from being in close proximity to horses. There is a chance that both horse and rider could be injured during normal use, in competition, or during schooling. In order to provide its valuable service, NO LIABILITY can be accepted by Ride To Fly or any of the organizations and persons connected with Ride To Fly.

In consideration, for the privilege of riding and/or working around horses at Ride To Fly, the undersigned, as self or as parent/guardian of the undersigned minor, jointly and severally, do hereby agree to release, hold harmless and indemnify Ride To Fly, its officers, directors, trustees, agents, employees, representatives, successors, and assigns from all manner of liability, loss, costs, claims, demands, and damages of every kind and nature whatsoever, including but not limited to reasonable attorney fees, which the undersigned or said minor may now or in the future have against Ride To Fly, its officers, directors, trustees, agents, employees, representatives, successors, and assigns on account of any accident, damage, injury, illness, physical or mental condition, known or unknown, to the undersigned or said minor, or the treatment thereof, arising as a result of, or in any way connected to acts or incidents occurring at or relating to Ride To Fly, its officers, directors, trustees, agents, employees, representatives, successors, and assigns including but not limited to their negligence or gross negligence in rendering the services described above or in any way incidental thereto.

**Participant Name (print)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Participant or Parent/Guardian Signature** \_\_\_\_\_

**Parent/Guardian Name (if applicable)** \_\_\_\_\_

**Relationship to Participant (if applicable)** \_\_\_\_\_

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# STAFF & VOLUNTEER EMERGENCY FORM

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

(Street, City, State, Zip Code)

**Parent/Guardian Name** \_\_\_\_\_

(for minors)

**Telephone: Day** ( ) \_\_\_\_\_ **Evening** ( ) \_\_\_\_\_

**Medical Insurance Policy** \_\_\_\_\_

**Doctor's Name/Hospital** \_\_\_\_\_

**Doctor's Phone** \_\_\_\_\_

**\*\*LIST ALL SPECIAL MEDICAL PROBLEMS, WHICH SHOULD BE KNOWN IN CASE OF A MEDICAL EMERGENCY:**

\_\_\_\_\_  
\_\_\_\_\_

## MEDICAL TREATMENT RELEASE STATEMENT

I give my consent for medical emergency treatments/aid in the case of illness or injury during my participation in a Ride to Fly program or while being on the property of the agency. This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Parent/Guardian Signature (for minors)

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