

Volunteer Information Form

Name: _____

Date of Birth: _____ Age: _____ 14 or under? Yes No

Home Phone: _____ Cell Phone: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Work Phone: _____ E-mail Address: _____

Work Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian Name and Address (if applicable): _____

If student, name of school: _____ City: _____

How did you learn about **The Luci Center**? _____

Check which areas you are interested in:

Program Volunteer	Competition	Administration
<input type="checkbox"/> Leading a horse <input type="checkbox"/> Sidewalking with a student <input type="checkbox"/> Stable management <input type="checkbox"/> Shetland Club	<input type="checkbox"/> Horse Show <input type="checkbox"/> Away Horse Shows <input type="checkbox"/> Ride-A-Thon <input type="checkbox"/> Special Olympics	<input type="checkbox"/> Public relations <input type="checkbox"/> Fund Raising <input type="checkbox"/> Newsletter <input type="checkbox"/> Volunteer Recruitment <input type="checkbox"/> Photography/Video <input type="checkbox"/> Budget and Finance <input type="checkbox"/> Future Planning

Photo Release

I consent to and authorize the use and reproduction by **The Luci Center** of any and all photographs and any other audiovisual materials taken of me for promotional printed material, educational activities, exhibitions or for any other use for the benefit of the program.

Date: _____ Signature: _____

Liability Release

As a volunteer at **The Luci Center**, I acknowledge the 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 damage against **The Luci Center**, its board of directors, instructors, therapists, volunteers and/or employees for any and all injuries and/or losses I may sustain while participating in **The Luci Center's program**.

Date: _____ Signature: _____