



# Volunteer Application

## Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

## Availability

During which hours are you available for volunteer assignments?

- Weekday mornings       Weekend mornings  
 Weekday afternoons       Weekend afternoons  
 Weekday evenings       Weekend evenings

## Interests

Tell us in which areas you are interested in volunteering

- Administration  
 Events  
 Field work  
 Fundraising  
 Deliveries  
 Phone bank  
 Newsletter production  
 Volunteer coordination

## Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

## Previous Volunteer Experience

Summarize your previous volunteer experience.

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## Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

## Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.



Calvin Center  
Equestrian Programs  
13550 Woolsey Road  
Hampton, GA 30228

770-946-4276  
www.calvincenter.org

## Calvin Center Equestrian Programs Liability Release

### WARNING

Under Georgia Law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equestrian activities resulting from the inherent risks of equine activities, pursuant to O.C.G.A. §4-12-3.

I, \_\_\_\_\_ hereby consent to the participation of \_\_\_\_\_ (insert name of self or minor child) in any and all of the Calvin Center's Equestrian programs, including but not limited to therapeutic riding and/or hippotherapy. I acknowledge the risks and potential for risks in riding and working with horses. However, I feel that the possible benefits to myself/my child/my ward and the clients I/he/she work with are greater than the risk assumed. Intending to be legally bound, for myself, my heirs and assigns, executors or administrators, I hereby assume all risks associated with the horses, horseback riding and the handling of animals and equipment. I waive and release forever all claims for damages of every kind and nature whatsoever against Calvin Center, its board of directors, instructors, therapists, aides, volunteers, owners of horses leased to Calvin Center, and all representatives, successors, assigns and/or employees thereof for any and all injuries and or losses I/my child/ my ward may sustain while participating in Calvin Center's Equestrian Programs.

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

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent/legal guardian if under 18 years of age

## Calvin Center Equestrian Program Photo Release (optional)

I, \_\_\_\_\_ hereby consent and authorize Calvin Center to use and reproduce any and all photographs and any other audiovisual materials taken of me/my child/my ward for promotional printed material, educational activities, or for any other use for the benefit of the program.

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

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent/legal guardian if under 18



# CALVIN CENTER

## CODE OF CONDUCT:

The undersigned acknowledges that he/she has read the Calvin Center Equestrian Program Code of Conduct document in its entirety; that he/she understands and agrees to behavior in the manor outlined the Code of Conduct. (The Code of Conduct is available on the web at [www.calvincenter.org/equestrian](http://www.calvincenter.org/equestrian))

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ DATE \_\_\_\_\_

## LIABILITY RELEASE:

**WARNING** Under Georgia Law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equestrian activities resulting from the inherent risks of equine activities, pursuant to O.C.G.A. §4-12-3.

I, \_\_\_\_\_ (participant or parent/guardian of participant) hereby consent to the participation of \_\_\_\_\_ (participant) in any and all of the Calvin Center's Equestrian programs, including but not limited to therapeutic riding. I acknowledge the risks and potential for risks in riding and working with horses. However, I feel that the possible benefits to myself/my child/my ward and the clients I/he/she work with are greater than the risk assumed. Intending to be legally bound, for myself, my heirs and assigns, executors or administrators, I hereby assume all risks associated with the horses, horseback riding and the handling of animals and equipment. I waive and release forever all claims for damages of every kind and nature whatsoever against Calvin Center Inc., its board of directors, instructors, therapists, aides, volunteers, owners of horses leased to Calvin Center, and all representatives, successors, assigns and/or employees thereof for any and all injuries and or losses I/my child/ my ward may sustain while participating in Calvin Center's Equestrian Programs.

**PHOTO/VIDEO RELEASE:** I consent to and authorize \_\_\_\_\_ I do not consent to nor do I authorize

Calvin Center Inc. to use and reproduce any and all photographs and any other audiovisual materials taken of me/my child/my ward for promotional printed material, educational activities, or for any other use for the benefit of the program.

**POLICY OF CONFIDENTIALITY:** Confidentiality is defined as "told in secret or private relations; trusted." Any information in regard to the participants (clients) at the Calvin Center Equestrian Program 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. In failure to abide by this policy, the quality of the services we provide may diminish and result in legal ramifications. I have read and understand Calvin Center's Policy of Confidentiality and agree to abide by the same.

**The undersigned acknowledges that he/she has read this application 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.**

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ DATE \_\_\_\_\_