



# Renew Volunteer Application

Renew Therapeutic Riding Center – 5080 146th Ave, Holland, MI 49423 – [www.renewtrc.org](http://www.renewtrc.org)

**Volunteer Coordinator:** Jael Ymker **Email:** [volunteer@renewtrc.org](mailto:volunteer@renewtrc.org)

## General Information

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

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

Employer/School: \_\_\_\_\_ T Shirt Size: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

How did you learn about Renew? \_\_\_\_\_

Parent/Legal Guardian Name and Phone (if under 18): \_\_\_\_\_

Emergency Contact Name and Phone: \_\_\_\_\_

On a scale from 1 to 5 (5 being a lifetime of experience), how much horse experience do you have? \_\_\_\_\_

## Health History

Please describe your current health status, particularly regarding the physical/emotional demands of working in a therapeutic riding program. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries, or lifestyle changes.

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

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

*I understand that the information provided above is accurate to the best of my knowledge. I know of no reason why I should not participate in this center's program.*

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

## Photo/Media Release

I DO or DO NOT (**circle one**) consent to and authorize the use and reproduction by Renew TRC of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program, including social media.

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

**Background Information**

Have you ever been charged with or convicted of a crime? Y N (circle one) If yes, please explain:

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

I, \_\_\_\_\_, authorize Renew Therapeutic Riding Center to receive information from any law enforcement agency, including police departments and sheriff’s departments, of this state or any other state or federal government, to the extent permitted by state and federal law, pertaining to any convictions I may have had for violations of state and federal criminal laws, including but not limited to convictions for crimes committed upon children.

I understand that such access is for the purpose of considering my application as a volunteer, and that I expressly DO NOT authorized the PATH center, it’s directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization, or corporation.

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

CURRENT DRIVER’S LICENSE Y N (circle one) LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

**Confidentiality Agreement**

I understand that all information (written and verbal) about participants of Renew Therapeutic Riding Center is confidential and will not be shared with anyone without the express written consent of the participant and their parent/guardian in the case of a minor.

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

**Liability Release**

Michigan State Equine Laws state that: Under Michigan law, an equine professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities.

\_\_\_\_\_ (volunteer name) would like to participate in the Renew Therapeutic Riding Program. I acknowledge the risks and potential for risks of horseback riding and working with horses. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims to damages against Renew Therapeutic Riding Center Inc, it Board of Directors, Instructors, Volunteers, Employees, Facility Owners, and/or Facility Employees, as well as for any and all injuries and/or losses I/my child/my ward may sustain while participating at Renew Therapeutic Riding Center.

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

(Parent, Guardian, or Volunteer if over 18)