



ANIMALS AS NATURAL THERAPY

721 VAN WYCK ROAD • BELLINGHAM, WA • 98226

PHONE/FAX: 360-671-3509 • WEB: WWW.ANIMALSASNATURALTHERAPY.ORG

Volunteer Information and Release Form

Name:(Print) _____ DOB: _____ Age: _____

Home Phone: _____ Cell/Alternate Phone: _____

Mailing Address: _____

Street City State Zip Code

E-mail: _____ Work Phone: _____

Employer Name and Phone: _____

Parent or Guardian (if under 18): _____ Phone: _____

In case of emergency, contact: _____ Phone: _____

Describe your horse experience: _____

Have you had CPR/First Aid Training (if so, when)? _____

Name of School (if a student): _____ How did you hear about ANT? _____

How do you like to be appreciated? (ie. words, cards, small gifts) _____

Check all areas in which you are interested:

PROGRAM VOLUNTEER

ADMINISTRATION

AVAILABILITY

____ Leading a horse w/student rider

____ Public Relations

____ Sidewalking w/student rider

____ Fund Raising

(Hours: 10 a.m.-8 p.m.)

____ Grounds Maintenance

____ Assist w/Special Events

____ Small Animal Care & Maintenance

____ Newsletter

M: _____

____ Horse Care & Maintenance

____ Vol. Recruitment

T: _____

____ Tack/equipment maintenance

____ Photography/Video

W: _____

____ Structure Repair

____ Budget/Finance

Th: _____

____ Tractor Experience

____ Future Planning

F: _____

____ Electrician

____ Board Member

S: _____

PHOTO/ANT WEB SITE/MEDIA/PRINT AND FILM RELEASE (OPTIONAL)

I hereby consent to and authorize the use and reproduction by Animals as Natural Therapy of any and all photographs and any other audiovisual materials taken of me/my son/my daughter/my ward for promotional printed materials, educational activities or for any other use for the benefit of the program.

Date: _____ Signature: _____

(Must be signed by parent or guardian if under 18)

VOLUNTEER LIABILITY RELEASE (Please circle applicable person)

____ (Volunteer name) would like to participate in the Animals as Natural Therapy Volunteer program. I acknowledge the risks and potential for risks as an ANT volunteer. However, I feel that the possible benefits to me/my son/my daughter/my ward 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 damages against Windy Acres and Animals as Natural Therapy Inc., its Board of Directors, Instructors, Therapists, Aides, Volunteers and/or Employees for any and all injuries and/or losses I/my son/my daughter/my ward may sustain while participating in Animals as Natural Therapy at Windy Acres.

Date: _____ Signature: _____

(Must be signed by parent or guardian if under 18)