



# 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? \_\_\_\_\_

### Check all areas in which you are interested:

#### PROGRAM VOLUNTEER

- \_\_\_\_ Leading a horse w/student rider
- \_\_\_\_ Sidewalking w/student rider
- \_\_\_\_ Grounds Maintenance
- \_\_\_\_ Small Animal Care & Maintenance
- \_\_\_\_ Horse Care & Maintenance
- \_\_\_\_ Tack/equipment maintenance
- \_\_\_\_ Structure Repair
- \_\_\_\_ Tractor Experience
- \_\_\_\_ Electrician

#### ADMINISTRATION

- \_\_\_\_ Public Relations
- \_\_\_\_ Fund Raising
- \_\_\_\_ Assist w/Special Events
- \_\_\_\_ Newsletter
- \_\_\_\_ Vol. Recruitment
- \_\_\_\_ Photography/Video
- \_\_\_\_ Budget/Finance
- \_\_\_\_ Future Planning
- \_\_\_\_ Board Member

#### AVAILABILITY

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

- M: \_\_\_\_\_
- T: \_\_\_\_\_
- W: \_\_\_\_\_
- Th: \_\_\_\_\_
- F: \_\_\_\_\_
- 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)*

06/2007