



6919 Keystone Road
 Richmond IL 60071
 815-653-9374 Fax 815-728-1224
 info@mstrp.org

2019 Registration and Release Form Volunteer Registration

Name: _____ Date of Birth: _____ Age: _____

Street address: _____

City, State, Zip: _____

Home Phone: (_____) _____ Work: (_____) _____ Cell: (_____) _____

Email: _____

Please list any medical information which we would need to know in case of an emergency:

In case of emergency contact: _____ Ph. # _____

Or contact: _____ Ph. # _____

LIABILITY RELEASE

I _____ (Name) acknowledge the risks and the potential for risks of attending lessons or activities around horses and other farm animals inside and outside the Main Stay facility. However, I feel that the possible benefits are greater than the risks 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 Main Stay Therapeutic Farm, Inc., its Board of Directors, instructors, therapists, aides, volunteers and/or employees for any and all injuries and/or losses I/my minor children present may sustain while participating and attending activities in a Main Stay Therapeutic Farm, Inc. program.

Under the Equine Activity Liability Act, each participant who engages in an equine activity expressly assumes the risks of engaging in and legal responsibility for injury, loss, or damage to person or property resulting from the risk of equine activities. ~IL PWA-89-0111~

Date: _____ Signature: _____

Name

If under 18 a parent or guardian must sign.

(Page over for photo release)



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PHOTO RELEASE

I _____ DO,
 Printed name

OR

I _____ DO NOT,
 Printed name

hereby grant irrevocable and unlimited consent to the use and reproduction by Main Stay Therapeutic Farm Inc., its assigns, licensees and legal representatives, of any and all photographs and any other audio/visual materials taken of me, my child or my ward, in all forms and media (including but not limited to printed media, digital media, web sites, video and audio productions). The materials may be reproduced in all forms including composite, altered or derivative works, for promotional material, educational activities, exhibitions or for any other lawful use for the benefit of the program.

I hereby waive the right to inspect and approve the finished version(s) including any copy that may accompany the materials. I hereby release Main Stay and its employees, volunteers, assigns, licensees and legal representatives from all claims and liability relating to said materials. I sign this release as a person with, or the parent or guardian of a person with special needs, understanding that use of these materials will make them available to the general public.

I have read and understand the above release, am over 18 and have the capacity to sign this release of my own free will.

Signature: _____ Date: _____

OR:

I am the parent or guardian of the minor child or dependent adult named above and have the legal authority to execute the above release. I approve the foregoing and waive any rights in the premises.

Signature: _____ Date: _____

Printed name of person photographed _____

Address: _____



6919 Keystone Road
 Richmond, IL 60071
 815-382-9374
 815-728-1224 (Fax)

2019 PROGRAM VOLUNTEER AVAILABILITY FORM

Today's Date: _____ Year started at Main Stay _____

Name: _____ E-mail: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

What form of communication do you prefer: Phone Call Text E-mail

Gender: M F Height: _____ Age: _____ T-Shirt Size: _____

I would like a weekly* slot: YES NO

I am willing to substitute if needed: YES NO

I only want to substitute: YES NO

Indicate which session (s) that you are available to volunteer:

- Session 1: Winter (January 14, 2019 – March 16, 2019)
- Session 2: Spring/Summer (April 1, 2019 - August 31, 2019)
- Session 3 (September 9, 2019 - December 14, 2019)

Please indicate the days of the week and time of the day you are available to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Grooming- AM	X				X	
Grooming- PM						X
AM Classes (9am-2pm)	X				X	
PM Classes (2pm-8pm)						X

If you are an arena volunteer and able to cover a weekly slot:

** Please see 2019 Calendar for session schedules, including break weeks and holidays. When you commit to a weekly spot we ask that you be there every week except break weeks and facility closures. We understand that situations may arise, but your gift of time helps ensure a safe and beneficial experience for our clients and horses. In the event you cannot be at your lesson, we ask that you communicate with the volunteer coordinator or lesson instructor. **Please be aware excessive cancellations for a lesson could result in dismissal from that lesson. Also, more than three (3) absences without properly notifying the volunteer coordinator could result in dismissal from the volunteer program.***



2019 Volunteer Interest Form

We strive to make your time here as rewarding as possible for both you and Main Stay.

Name: _____ Date: _____

How did you find out about Main Stay Therapeutic Farm?

Why did you choose to volunteer at Main Stay?

What do you hope to gain from your experience here?

What are your interests, hobbies and professional skills?

Do you have prior experience working with horses and/or persons with special needs?

Current/Recent Employer:

Occupation:

Does your employer give time off for volunteering? Yes / No

Does your employer match grants or donations? Yes / No

Please select specific areas of interest on the next page...



Therapeutic Programming Areas of Interest:

- | | |
|---|-------------------|
| <input type="checkbox"/> Leading a horse in Therapeutic Riding classes*
(Requires previous experience with horses) | Weekly / Sub Only |
| <input type="checkbox"/> Side walking with a rider in Therapeutic Riding classes* | Weekly / Sub Only |
| <input type="checkbox"/> Grooming a horse prior to Therapeutic Riding classes* | Weekly / Sub Only |
| <input type="checkbox"/> Equine & Animal Assisted Learning Program - unmounted
(Requires previous experience with livestock animals) | |

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Other Areas of Interest:

- Board of Directors
- Committee Member
- Gardening
- Carpentry
- Bunny Cages
- Tack Cleaning
- Facility Maintenance
- Newsletter/Mailings
- Fundraising
- Photography/Video
- Computer
- Other (please list)

Annual Fundraisers:

- Jockeys and Juleps Gala (May)
- Fair Diddlely Craft Fair (May)
- Fall Diddlely Craft Fair (September)
- Santa Run 5K (December)
- Special Events (varies)