

A BIT OF HOPE

1100 South McNeely Road
Marion, AR 72364
Abitofhopetherapy@gmail.com

Volunteer Information Sheet

Name: _____

Address: _____

City/ST/Zip: _____

Cell Phone: _____

Employer: _____

Work Phone: _____

Emergency Contact: _____

Emergency Contact Phone: _____

Age (if under 21): _____ D.O.B. _____

Do you have any physical limitation? Yes _____ No _____

If yes, Please Specify:

Do you have experience with horses? Yes _____ No _____

If yes, please specify:

Do you have experience with special needs children? Y___N___

If yes, please specify:

Special Skills: _____

_____singing

_____story-telling

_____party planning

_____catering

_____gardening

_____computer skills

Please check below your areas of interest:

- Side Walker
- Grooming & Preparing Horses
- Typing/Office Help
- Fund Raising
- Publicity
- Barn Chores
- Sensory Garden
- Other

By signing below, I affirmatively state that I understand that as a volunteer at A Bit Of Hope, I agree to release, discharge and hold harmless all instructors, horse owners, staff, or any and all other parties, agents, employees or representatives involved with A Bit Of Hope from Liability for all manner of claims, demands and damages I may have, whether for property damage or personal injury, resulting from or in any way arising out of my participation as a volunteer for A Bit Of Hope.

Print Name: _____

Signature: _____

Date: _____

Parent's Signature if under 21:

Date: _____

Staff Member Signature: _____

Date: _____

Volunteer Training Date: _____

*"In riding a horse, we borrow freedom"
~ Helen Thomson*

WARNING

UNDER ARKANSAS LAW, AN EQUINE ACTIVITY SPONSOR IS NOT LIABLE FOR AN INJURY TO, OR THE DEATH OF, A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISK OF EQUINE ACTIVITIES. HISTORY: Acts 1991, No. 103, § 2; Amended in 1995.