

# VOLUNTEER REGISTRATION

JOYRIDE CENTER, INC.  
29550 TUDOR WAY  
MAGNOLIA, TX 77355  
281-356-5900  
FAX 281-356-5901



Please print *legibly* in ink.

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## A. Personal Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Wk Phone: (\_\_\_\_) \_\_\_\_\_

Preferred method of contact:      Home Phone      Cell Phone      Wk Phone      Email

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Height: \_\_\_\_\_ E-mail: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

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

## B. General Information

1. Do you have any medical conditions which we should know about to insure your personal and/or client safety, such as, asthma, allergies, diabetes, physical limitations, etc.?     Yes     No

Please describe: \_\_\_\_\_

2. Can you walk for 60 minutes, jog for short distances, keep up with a walking or trotting horse and hold your arm above shoulder height while supporting a modest weight?     Yes     No

3. Are you interested in trying out to be a JoyRide Horse Handler?     Yes     No

*You must volunteer as a sidewalker for at least one semester before being assessed as a Horse Handler. Safety of our clients and volunteers is top priority; therefore, volunteers who wish to be horse handlers must have extensive previous experience with horses.*

4. Do you have experience working with horses?     Yes     No

Please describe: \_\_\_\_\_

5. Do you have experience working with people with disabilities?     Yes     No

Please describe: \_\_\_\_\_

6. Are you fulfilling community service hours?     Yes     No    If yes, please explain? \_\_\_\_\_

7. Are you a Veteran?     Yes     No

8. Where did you learn about JoyRide? Please give details.     Social Media \_\_\_\_\_

Newspaper/Magazine \_\_\_\_\_

JoyRide Booth \_\_\_\_\_

Internet/website \_\_\_\_\_

Friend/family \_\_\_\_\_

Posted flyer \_\_\_\_\_

Driving by \_\_\_\_\_

Teacher/counselor at school \_\_\_\_\_

Other \_\_\_\_\_

FOR OFFICE USE ONLY	SW Training Date:	HH Training Date:	1-on-1 training date:
Registration Form:	EmergContact/Release::	Commitment Form:	HH:                  SW:

# Volunteer Emergency Contact/Release/Confidentiality

JoyRide Center, Inc.  
29550 Tudor Way  
Magnolia, TX 77355  
281-356-5900  
Fax 281-356-5901



**LAST NAME:** \_\_\_\_\_ **FIRST NAME:** \_\_\_\_\_ **MI:** \_\_\_\_\_

## EMERGENCY CONTACT

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Preferred Medical Facility or nearest: \_\_\_\_\_

**PHOTO RELEASE** - I authorize the use and reproduction by JoyRide Center of any and all photographs and any other audiovisual materials taken of me for promotional printed material, educational activities, and exhibitions or for any other use for the benefit of the program. JoyRide policy is that only first names will be used to identify people unless specific permission is given from the volunteer.

### **Please check one:**

I **CONSENT** to use of photographs and video.  I **DO NOT CONSENT** to use of photographs and video.

## LIABILITY RELEASE

I acknowledge the risks of and potential for risks associated with horseback riding activities. However, I feel that the possible benefits are greater than the risks or potential risks. 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 JoyRide Center Inc., its Board of Directors, Instructors, Therapists, Aides, Volunteers, and/or Employees (collectively Joyride) for any and all injuries (including death) and/or losses I may sustain while participating in a JoyRide program. For the sake of clarity, such waiver shall include, but not be limited to any injuries or losses sustained in connection with transporting horses or materials to be used by Joyride and/or Joyride clients regardless of whether such transportation is done using JoyRide or personal equipment. **WARNING** – *Under Texas law (Chapter 87, Civil Practice and Remedies Code), an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in an equine activity because of the dangers or conditions that are an inherent risk of equine activities.*

## CONFIDENTIALITY POLICY

Client and volunteer records are considered confidential. JoyRide will not use or disclose protected information without authorization unless the disclosure is required by law. Protected information includes (but is not limited to) names, mailing addresses, telephone numbers and email addresses.

All information about the JoyRide clients is also confidential. This includes name, diagnosis or other identifying information. JoyRide staff may disclose to you sensitive information about the client with whom you work in order for you to be a more effective volunteer. **Do not discuss this confidential information about our clients with others or post this type of information or photos on any type of social media, such as Facebook or Twitter.** Feel free to ask the instructor privately if you have questions or concerns regarding a particular client.

**Days of week/Time of day you are available to volunteer:** \_\_\_\_\_

I have read, understand and agree to the above releases and policies.

➔ **SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

(Parent/Guardian signature if volunteer is under 18)



# IT TAKES A VILLAGE (or a Barnful!!!)

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*You may have heard the statement "It takes a village to raise a child." In JoyRide's case, it takes a barnful of people of different skills, talents and contacts to insure that we can continue to provide the quality services our clients deserve. This optional page is to let us know about your special skills, talents, affiliations and desire to become more involved in JoyRide. Thank you for taking the time to fill this out.*

**SPECIAL SKILLS:** Please check any special skills, talents, or knowledge that you wish to share with JoyRide.

- Carpentry     Plumbing     Electrical     Graphic Design     Writing     General Office
- Data Entry     Public Speaking     Experienced Horse trainer     Finance
- Computer Technology     Other \_\_\_\_\_

**AFFILIATIONS:** We apply for grants and are willing to speak to companies, foundations, churches and organizations. It helps to know if we have JoyRide family members who are affiliated with those groups.

**Corporate/business affiliations:** \_\_\_\_\_

**Religious affiliation and location:** \_\_\_\_\_

**Civic and professional organization affiliations:** \_\_\_\_\_

**Other:** \_\_\_\_\_

**Please list any other ways you would like to become more involved in JoyRide.**

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