

Great Strides of Northeast Iowa Volunteer Information Form

Name _____ Date of Birth _____

Phone Numbers: Home _____ Work _____ Cell _____

Address _____ City _____ State _____ Zip _____

Work Address _____ City _____ State _____ Zip _____

Luther SPO Address: _____ E-mail Address _____

Parent/Guardian Name and Address (if applicable) _____

If student, name of school _____ City _____

How did you learn about Great Strides? _____

Check which areas you are interested in:

Sidewalking with a rider Leading a horse Helping with fundraisers Being a board member

Indicate your level of horse experience: ___None ___Beginner ___Intermediate ___Advanced

Please explain: _____

Confidentiality Statement

I pledge to keep confidential any and all medical, social, referral, personal and financial information regarding a client and his/her family.

Date _____ Signature _____

Volunteer, Parent or Guardian

Photo Release

I consent to and authorize the use and reproduction by **Great Strides of Northeast Iowa** of any and all photographs and any other audio-visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Date _____ Signature _____

Volunteer, Parent or Guardian

Volunteer Liability Release

As a volunteer at **Great Strides of Northeast Iowa**, I acknowledge the risks and potential for risks of a horseback riding program and have read Iowa's law pertaining to the inherent risks of domesticated animal activities. However, I feel that the possible benefits to myself and the clients I work with 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 **Great Strides of Northeast Iowa**, its board of directors, instructors, therapists, volunteers, premises owners, horse owners and/or employees for any and all injuries and/or losses I may sustain while participating in the activities of **Great Strides of Northeast Iowa**.

Date _____ Signature _____

Volunteer, Parent or Guardian

(please complete reverse side)

**Great Strides of Northeast Iowa
Volunteer's Authorization for Emergency Medical Treatment**

In the event emergency medical aid/treatment is required due to illness or injury during the process of serving as a volunteer for **Great Strides of Northeast Iowa**, I authorize **Great Strides of Northeast Iowa** to secure and retain medical treatment and transportation if needed.

Name _____ Phone _____

Address _____

In the event of an emergency, contact:

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

Physician's Name _____

Preferred Medical Facility _____

Health Insurance Co.: _____ Policy # _____

Allergies _____ Medications _____

Consent Plan

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

Date _____ Consent Signature _____

Volunteer, Parent or Guardian

Print Name _____ Phone _____

Address _____

Non-Consent Plan

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of serving as a volunteer for **Great Strides of Northeast Iowa**. In the event emergency treatment/aid is required, I wish the following procedures to take place:

Date _____ Non-Consent Signature _____

Volunteer, Parent or Guardian

Print Name _____ Phone _____

Address _____