



**TRINITY EQUESTRIAN CENTER**  
S5300 State Road 37, Eau Claire WI 54701  
**Volunteer Application**

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

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

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

Preferred method of communication: Call/Text/Email \_\_\_\_\_

T-shirt Size \_\_\_\_\_

How did you learn about Trinity? \_\_\_\_\_

Have you Volunteered at Trinity before? \_\_\_\_\_

Can you walk for 60 minutes and jog short distances? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any medical conditions we should know about? If so, please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Emergency Contact Information

**\*In the event of on a medical emergency, 911 will be called.\***

Name of Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital/HMO and Location: \_\_\_\_\_

### Photo Release

(Please initial) I do \_\_\_\_ I do not \_\_\_\_ consent to and authorize the use and reproduction by Trinity Equestrian Center 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: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent/guardian signature for volunteers under the age of 18

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State law allows agencies to do background screening on volunteers working directly with children. Do you authorize us to do so? Yes\_\_\_ No\_\_\_ WI Driver’s License # \_\_\_\_\_

### Availability

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
MORNING						
AFTERNOON						
EVENING						

### Interests

*In which areas are you most interested in volunteering?*

- |  |  |
|--|--|
| <input type="checkbox"/> Horse chores (AM or PM) | <input type="checkbox"/> Program Volunteers (Horse handling, side walking) |
| <input type="checkbox"/> Horse grooming/Tacking  | <input type="checkbox"/> Facility cleaning                                 |
| <input type="checkbox"/> Horse Care              | <input type="checkbox"/> Facility maintenance/lawn care                    |
| <input type="checkbox"/> Tack Cleaning           | <input type="checkbox"/> Special Events/Projects                           |
| <input type="checkbox"/> Horse Exercise *        | <input type="checkbox"/> Chainsaw work                                     |

*\*Must be an experienced, approved rider to be a part of our Horse Exercise Program. Trinity Equestrian Center does not provide basic horseback riding lessons, and this exercise program is solely for the physical benefit of our therapy horses. Please discuss with the Trinity Equine Specialists Team for further information.*

### Special skills or Qualifications

What are your unique skills? Examples: Chainsaw work, concrete experience, carpentry, general farm experience, landscaping, roofing, heavy machinery, mechanical, technological, etc.

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### Volunteer Liability Release

In accordance with the Wisconsin Law relating to the limitation of civil liability regarding equine activities: NOTICE: A person who is engaged for compensation in the rental of equines or equine equipment or tack or in the instruction of a person in the riding or driving of an equine or in being a passenger upon an equine is not liable for the injury or death of a person involved in equine activities resulting from the inherent risks of equine activities, as defined in section 895.481 (1) (e) of the Wisconsin Statutes." As a volunteer at Trinity Equestrian Center, I acknowledge the risks and potential for risks of a horseback riding program. However, I feel that the possible benefits to myself and the client 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 Trinity Equestrian Center, its board of directors, instructors, therapists, volunteers, and/or employees for any and all injuries and/or losses I may sustain while participating in Trinity Equestrian Center programs.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Relationship \_\_\_\_\_  
 Parent/guardian signature for volunteers under the age of 18

Please email completed volunteer application to **Volunteer@Trinity-ec.com**