

**DUSTY DREAMS**

0247 N 600 E □ Avilla, IN 46710

Office:260-897-2042; Rheta: 260-750-5748; Max: 260-349-3282 or E-Mail: rhetadconner@yahoo.com

www.dustydreams.org Like us on Facebook at Dusty Dreams

**Volunteer Information Form**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 \_\_\_\_\_ Cell \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 City/State/ \_\_\_\_\_  
 Zip Code: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 If student, \_\_\_\_\_  
 name of school: \_\_\_\_\_  
 How you heard \_\_\_\_\_  
 about Dusty Dreams: \_\_\_\_\_

**Check areas you are interested in**

**Program Volunteer**

**Administration**

**Facility Development**

_____ Horse Handler	_____ Public Relations	_____ Project Development
_____ Side walker	_____ Fund Raising	_____ Maintenance
_____ Stable Management	_____ Newsletter	_____ Youth Group Projects
_____ Activity Helper	_____ Volunteer Recruitmen	_____ Eagle Scout Projects
_____ Special Olympics	_____ Photography / Video	_____ Service Group Project
	_____ Budget/Finance	_____ Future Planning

**In case of emergency:**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 \_\_\_\_\_ Cell/Other \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
 \_\_\_\_\_ Location (Town) of \_\_\_\_\_  
 Hospital: \_\_\_\_\_ Hospital: \_\_\_\_\_

In case of emergency, I give permission to Dusty Dreams, to secure medical treatment including x-rays, surgery, hospitalization and medication.

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

**Photo Release:**

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

**Volunteer Liability Release:**

As a volunteer at Dusty Dreams, I acknowledge the risks and potential for risks of a horseback riding program. However, I feel that the possible benefits to myself and the clients I work with 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 Dusty Dreams, , its owners, directors, instructors, therapists, volunteers and/or employees for any and all injuries and/or losses I may sustain while participating in or working on the grounds of Dusty Dreams, . If I am under nineteen (19) years of age, both of my parents and/or legal guardians must sign this release.

Date: \_\_\_\_\_ Volunteer's Signature: \_\_\_\_\_  
 \_\_\_\_\_ Guardian / Parent's \_\_\_\_\_  
 Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
 \_\_\_\_\_ Guardian / Parent's \_\_\_\_\_  
 Date: \_\_\_\_\_ Signature: \_\_\_\_\_