Volunteer Release for Colby's Army

1394 George Boyd Road, Ashland City, TN 37015

Name:			Home Phone:		Work Phone	:
Address:			Cell Phone:			
City/State:			Zip:	E-Mail	· ·	arent/Guardian Signature below)
Do you live, work, or have a	family me	mber who we	orks in Cheatham Coun		widson County (ye	s / no)?
Employer:			City	(Circle)	Website:	
IN CASE OF EMERGENC	Y NOTII	<u>FY:</u>				
Name:			Relation	ship:		
Home Phone:			Cell Phone:			
Address:				City/State:		
Physician:			Phone Nu	ımber:		
Preferred Hospital/Town: _						
Questions below are for you I am allergic to bee stings: I have asthma: <u>In case of emergency</u> , I,(sign	Yes Yes	No No	I have diab Other:			
(sign DO NOT consent for Colby	/				(0 /	
Publicity Release: I consent to and authorize the taken of me for promotional n Confidentiality Statemen The volunteer shall keep cont families, as well as Colby's A	naterial, e <u>t:</u> îidential a	ducational ac	tivities, exhibitions or f	for any other use f INIT and financial infor	or the benefit of the FIAL HERE:	e program. oarticipants and their
In recognition of the fact that I Tennessee, or at another location risky behavior, I hereby, intendi indemnify and hold harmless C participants, or any other volur Colby's Army, including any in Release with a full understandi unfamiliar with horses. Under Tennessee law, an equine risks of equine activities, pursual	n for an C ling to be l 'olby's Arn teers from jury which ng that Cc profession	orking in a volu colby's Army r egally bound, my, its staff, r any damages may occur at iby's Army w al is not liable	elated event, recognizing for myself, my heirs and epresentatives, supervisor , injuries, claims, suits or Colby's Army or in trans ill involve my working di WARNING for an injury to or death or	's Army to be condu- that working with a assigns, executors of s, directors, officer r costs arising in ar sit to or from Colby rectly with horses, f a participant in equ	ucted either at Colby and around horses an or administrators, do rs, employees, suppl ny way out of the co 's Army or related ev farm situations, and	nd farms is an inherently hereby release, absolve, iers, corporate sponsors, nduct of the activities of vents. I am executing this individuals who may be
Signature:			Printed Nat	me:		
Date :*P	arent/Gu	ardian Sign	ature if volunteer is u	nder 18:		

Witnessed by: (Colby's Army Staff)

Date witnessed:

Colby's Army Volunteer Interest Form

Name:		Date:							
Phone:	hone: Email:								
How did you he	ear about us?								
I rate my horse	experience as (circl	e one):							
Nonexistent	Beginner	Intermediate	Advanced						
Give a brief syr	nopsis of your horse	background:							
I have had expe	erience with people v	with mental illness or sp	pecial needs: YES NO						
lf yes, please d	escribe:								
I am physically	able to: jog 100 feet	at a time: YES NO /	walk 1/2 mile or more: YES NO						
I am interested	in volunteering with	Colby's Army in the fo	lowing areas (circle all that apply):						
<u>Horse/Animal F</u> Leader	•	Feeder Stable Han	d Lesson Assistant						
	<u>each Programs</u> : nizer Home	less Outreach	Backpack Donations						
-	arden Programs: Gardening/Landsca	ping Handyman/Fix-it	Small Building Projects						
Trail Maintenand	ce Creek Mainte	enance							
<u>Colby's Army (</u> Fundraising	Drganizational Suppo Social Media	<u>ort</u> : Website Maintenance	Office Assistant						
Special Events	Library Arts & Cra	afts Fact Finder C	Other:						
Days and times	a I am generally avail	able:							
		e, creed, gender or sexuality in hiring, 1 onduct background checks and/or drug	recruiting volunteers or in relationships with our clients screening on all volunteers and staff.						
FORM REVIEWEI	o: 2017 2018	2019							

(VOLUNTEERS TO INITIAL EACH YEAR TO VERIFY INFORMATION IS CURRENT ~ ANY CHANGES SHOULD BE NOTED ON THE BACK)