

### SPECIAL TROOPERS ADAPTIVE RIDING SCHOOL

33148 K22—Sioux City, IA 51108—www.scstars.org—P: 712.239.5042—F: 712.224.3471

#### **Returning Volunteer Form**

Name	Date of Birth Height		Height
Address	City	State	Zip
Home Phone	Cell Phone		
Email:	Other Languages		
Best way to contact you: Home # Cell #	E-Mail Text		
Best time of day to contact you: AM PM	Weekends other		
Parent/Guardian Name (if under 18)			
Address (if different than above)			
Availability:			
Tuesday daytime Tuesday daytime Wednesday daytime	onday evenings esday evenings ednesday evenings ursday evenings	and times	substitute. Please list days available:
I certify that the above information is correct to Signature	-		
Guardian Signature		Date	

# THANK YOU FOR CONTINUING TO BE A STARS YOLUNTEER!





<sup>★</sup> OUR MISSION: The purpose of STARS is to provide persons with disabilities with an animal-oriented therapeutic, rehabilitation and recreational program that will contribute to their physical and emotional health.



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### **Volunteer's Emergency Medical Information Form**

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize STARS, Inc. to secure and retain medical treatment and transportation if needed.

Volunteer's Name	Phone		
Address			
Person to contact in case of emergency: Na	ame		
Relationship	Phone		
Physician's Name	Phone		
Preferred Medical Facility			
Health Insurance Co	Policy #		
Describe any medical condition requiring special precautions or treatment and any medications and dosage: (A) None (B) Please describe			
deemed "lifesaving' by the physician. This punable to be reached.	hospitalization, medication and any other treatment procedure rovision will only be invoked if the person listed above is		
	Date		
(Volunteer, if under 18, Parent/Gu Print Name	lardian) Phone		
	dical treatment/aid in the case of illness or injury during the on the property of STARS, Inc In the event emergency procedures to take place:		
Consent Signature	Date		
(Volunteer, if under 18, Parent/Guardian)			
Print Name	Phone		

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