

VOLUNTEER REGISTRATION

JOYRIDE CENTER, INC.
29550 TUDOR WAY
MAGNOLIA, TX 77355
281-356-5900
FAX 281-356-5901



Please print *legibly* in ink.

Today's Date: ____/____/____

A. Personal Information

Last Name: _____ First Name: _____ MI: _____

Address: _____ City: _____ Zip: _____ County: _____

Home Phone (____) _____ Cell Phone (____) _____ Wk Phone: (____) _____

Preferred method of contact: Home Phone Cell Phone Wk Phone Email

Date of Birth: ____/____/____ Height: _____ E-mail: _____

Occupation: _____ Employer: _____

Parent/Guardian Name (if under 18): _____ Phone: (____) _____

B. General Information

1. Do you have any medical conditions which we should know about to insure your personal and/or client safety, such as, asthma, allergies, diabetes, physical limitations, etc.? Yes No

Please describe: _____

2. Can you walk for 60 minutes, jog for short distances, keep up with a walking or trotting horse and hold your arm above shoulder height while supporting a modest weight? Yes No

3. Are you interested in trying out to be a JoyRide Horse Handler? Yes No

You must volunteer as a sidewalker for at least one semester before being assessed as a Horse Handler. Safety of our clients and volunteers is top priority; therefore, volunteers who wish to be horse handlers must have extensive previous experience with horses.

4. Do you have experience working with horses? Yes No

Please describe: _____

5. Do you have experience working with people with disabilities? Yes No

Please describe: _____

6. Are you fulfilling community service hours? Yes No If yes, please explain? _____

7. Are you a Veteran? Yes No

8. Where did you learn about JoyRide? Please give details. Social Media _____

Newspaper/Magazine _____

JoyRide Booth _____

Internet/website _____

Friend/family _____

Posted flyer _____

Driving by _____

Teacher/counselor at school _____

Other _____

FOR OFFICE USE ONLY	SW Training Date:	HH Training Date:	1-on-1 training date:
Registration Form:	EmergContact/Release::	Commitment Form:	HH: SW:

VOLUNTEER EMERGENCY CONTACT/RELEASE

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LAST NAME: _____ FIRST NAME: _____ MI: _____

EMERGENCY CONTACT

Name: _____ Phone: (____) _____ Relationship: _____

Name: _____ Phone: (____) _____ Relationship: _____

Physician's Name: _____ Phone: (____) _____

Preferred Medical Facility or nearest: _____

PHOTO RELEASE - I authorize the use and reproduction by JoyRide Center of any and all photographs and any other audiovisual materials taken of me for promotional printed material, educational activities, and exhibitions or for any other use for the benefit of the program. JoyRide policy is that only first names will be used to identify people unless specific permission is given from the volunteer.

Please check one

I CONSENT to use of photographs and video.

I DO NOT CONSENT to use of photographs and video.

LIABILITY RELEASE

I acknowledge the risks of and potential for risks associated with horseback riding activities. However, I feel that the possible benefits are greater than the risks or potential risks. 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 JoyRide Center Inc., its Board of Directors, Instructors, Therapists, Aides, Volunteers, and/or Employees (collectively Joyride) for any and all injuries (including death) and/or losses I may sustain while participating in a JoyRide program. For the sake of clarity, such waiver shall include, but not be limited to any injuries or losses sustained in connection with transporting horses or materials to be used by Joyride and/or Joyride clients regardless of whether such transportation is done using JoyRide or personal equipment. **WARNING** – *Under Texas law (Chapter 87, Civil Practice and Remedies Code), an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in an equine activity because of the dangers or conditions that are an inherent risk of equine activities.*

Days of week/Time of day you are available to volunteer: _____

➔ SIGNATURE: _____

DATE: ____/____/____

(Parent/Guardian signature if volunteer is under 18)



IT TAKES A VILLAGE (or a Barnful!!!)

Name: _____ Date: _____

Phone: _____ Email: _____

You may have heard the statement "It takes a village to raise a child." In JoyRide's case, it takes a barnful of people of different skills, talents and contacts to insure that we can continue to provide the quality services our clients deserve. This optional page is to let us know about your special skills, talents, affiliations and desire to become more involved in JoyRide. Thank you for taking the time to fill this out.

SPECIAL SKILLS: Please check any special skills, talents, or knowledge that you wish to share with JoyRide.

- Carpentry Plumbing Electrical Graphic Design Writing General Office
- Data Entry Public Speaking Experienced Horse trainer Finance
- Computer Technology Other _____

AFFILIATIONS: We apply for grants and are willing to speak to companies, foundations, churches and organizations. It helps to know if we have JoyRide family members who are affiliated with those groups.

Corporate/business affiliations: _____

Religious affiliation and location: _____

Civic and professional organization affiliations: _____

Other: _____

Please list any other ways you would like to become more involved in JoyRide.
