



BUTTERFLY DREAMS FARM

THERAPEUTIC RIDING PROGRAM, INC.

P.O. Box 622 | Watkinsville, GA 30677

www.butterflydreamsfarm.org



Volunteer Information Form

GENERAL INFORMATION					
Name:					
DOB:		Age:		Gender: () M () F	
Address:		City:		Zip:	
Email:		Cell #:		Home #:	
Work #:		May we contact you at work?		() Yes () No	
Parent, Legal Guardian (if under 18):			Phone:		
Address (if different from participant):					
Spouse's Name:			Phone:		

VOLUNTEER INFO	
How did you hear about BDF?	
In which areas are you willing to volunteer?	
<input type="checkbox"/>	Horse Leader (horse experience required, primary focus is on the horse)
<input type="checkbox"/>	Side Walker (no horse experience required, primary focus is on the rider)
<input type="checkbox"/>	Office Help (phoning reminder calls, preparing mailings)
<input type="checkbox"/>	Horse Care (holding horses for the farrier, grooming/bathing)
<input type="checkbox"/>	Pasture Maintenance (mowing, repairing fences)
<input type="checkbox"/>	Barn Maintenance (cleaning stalls, tack, organizing feed/tack room)
Would you be interested in helping out with any of the following?	
<input type="checkbox"/>	Fundraising: Projects and ideas to raise financial support.
<input type="checkbox"/>	Marketing/Public relations: Writing or publishing magazine, newspaper articles.
<input type="checkbox"/>	Long Range Planning: Expansion plans.
<input type="checkbox"/>	Volunteers: Recruitment, training, retention of volunteers; volunteer appreciation.
<input type="checkbox"/>	Fix-Up Days: Usually Saturdays, participate in clean-up/fix-it projects.
<input type="checkbox"/>	Public Speaking: Promoting Butterfly Dreams at community service organizations.
<input type="checkbox"/>	Video production/Power point presentations: Educate the public and our sponsors.
Do you have other talents or abilities that might be helpful for us?	
Do you or any member of your family belong to a service group? () Yes () No	
<i>(i.e. Chamber of Commerce, Rotary, Lions Club, Kiwanis, Fraternity, Sorority, Local/School Club, etc.)</i>	
Group Name:	

AVAILABILITY					
Which days and times are you available to work?					
() Monday Times:	() Tuesday Times:	() Wednesday Times:	() Thursday Times:	() Friday Times:	() Saturday Times:

EXPERIENCE		
() Yes () No	Have you ever volunteered for a therapeutic riding program?	
	<i>If yes, with which program and in what capacity?</i>	
() Yes () No	Do you have horse experience?	
	<i>If yes, please describe:</i>	
() Yes () No	Do you have experience working with people with special needs?	
	<i>If yes, please describe:</i>	
() Yes () No	Do you have physical limitations?	
	<i>If yes, please explain.</i>	
() Yes () No	Can you walk for 60 minutes and jog for short distances?	
Medical History:	Tetanus Shot: () Yes () No	Tuberculosis Test: () Yes () No
	Date:	Date:
<i>(Consult your physician or local health department if you need updating on this shot/test.)</i>		

CONFIDENTIALITY AGREEMENT		
I understand that all information whether written, verbal, or research data about participants at this center is confidential and will not be shared with anyone without the express written consent of the participants (or guardian in the case of a minor).		
() I Agree () I Do Not Agree	Signature:	Date:
PHOTO RELEASE		
I consent to and authorize the use and reproduction by Butterfly Dreams Farm 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.		
() I Agree () I Do Not Agree	Signature:	Date:
AUTHORIZATION FOR DATA COLLECTION FOR RESEARCH PURPOSES		
I consent to and authorize the use of data collection for research purposes, whether by questionnaire or observation of me as a volunteer, guardian or participant, to be used for the benefit of the program at Butterfly Dreams.		
() I Agree () I Do Not Agree	Signature:	Date:
BACKGROUND INFORMATION		
I authorize Butterfly Dreams Farm Therapeutic Riding Program, Inc. to receive information from any law enforcement agency, including police department and sheriff's departments, of the state or any other state or federal government, to the extent permitted by state and federal law pertaining to any convictions I may have had for violations or state or federal criminal laws, including but not limited to convictions for crimes committed upon children or animals. I understand that such access is for the purpose of considering my applications as a volunteer or staff and that I expressly DO NOT authorize the center, it's directors, offices, employees, or other volunteers to disseminate this information in any way to any other individual, group, organizations, or corporation.		
() I Agree () I Do Not Agree	Signature:	Date:
Current Driver's License #:		State:

() Yes () No	Have you ever been convicted of a crime? <i>If yes, please explain.</i>