



Volunteer Registration Form

Name _____

Date of Birth _____ / _____ / _____

Phone _____

Email _____

Group Volunteer: Yes No

Group Name _____

Availability:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Time ____ to ____ ____ to ____ ____ to ____ ____ to ____ ____ to ____

Volunteering Interests:

Ground Maintenance – Keeping our grounds clean! Tasks may include: Mowing, weed eating, maintaining trails, gardening.

Building Maintenance – Keeping building's functional. Tasks may include: Constructing small buildings, woodwork, carpentry, building repairs, fencing repairs.

Therapy Assistance – Setting up activities, assist instruction in activities, side-walking (assisting riders with balance issues).

Animal Maintenance – Grooming, feeding and watering our dogs, horses and other animal staff, to keep animals healthy and reinforce the human-animal bond.

Public Relations and Fundraising – Helping to coordinate fundraising and public relation activities.

Photo Release:

I do, do not , give my permission for The Henry Wrinkles Foundation to copyright, use, and publish my likeness in print and/or electronically. I agree that The Henry Wrinkles Foundation may use my likeness in photo and video format for purposes such as publicity, illustration, advertising and web content.

Emergency Contact Info:

Emergency Contact _____

Mobile Phone _____ Work Phone _____

Doctor's Name _____ Phone _____

Medical Conditions _____

Current Medications _____

I do, do not give The Henry Wrinkles Foundation and those associated with The Henry Wrinkles Foundation to treat any emergency medical condition. This includes, but is not limited to, bandaging, splinting, CPR, or other first aid procedures.

Volunteer Notice:

I, _____, am volunteering my time and efforts to aid The Henry Wrinkles Foundation. I realize that this effort will not be reimbursed with any monetary value. I also realize that I am responsible for my own actions and that actions resulting in the harm of any animal or person will result in being asked to leave The Henry Wrinkles Foundation. In signing this document, I am recognizing that the above information is accurate to the best of my knowledge.

X

Date ____/____/____