



Centauro Stride, INC
A therapeutic horseback riding center

VOLUNTEER FORM

Name: _____ Date: _____

Address: _____

Date of Birth: _____ Phone: Home _____ Cell _____

Email Address: _____

Employer/School: _____

How did you learn about the program? _____

Health History: Please describe any conditions that would limit your ability to perform or participate in any activity at our facility including injuries, surgeries, or illnesses.

Allergies: _____

Check areas in which you are interested in volunteering:

- | | |
|--|---|
| <input type="checkbox"/> Horse Care | <input type="checkbox"/> Special Events/event coordination |
| <input type="checkbox"/> Rider assistance | <input type="checkbox"/> Fundraising/community outreach |
| <input type="checkbox"/> Housekeeping | <input type="checkbox"/> Haying (<i>seasonal</i>) |
| <input type="checkbox"/> Office/clerical | <input type="checkbox"/> Rider enrichment (<i>planning fun and games</i>) |
| <input type="checkbox"/> Equipment maintenance | <input type="checkbox"/> Facility/Grounds maintenance |
| <input type="checkbox"/> Other (<i>please specify</i>) _____ | |

Photo Release:

I _____ DO / DO NOT (**←circle one**) consent to and authorize the use and reproduction by CENTAUR STRIDE of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities and exhibitions, or for any other use for the benefit of the center.

VOLUNTEER INITIAL: _____



Background Information:

Have you ever been charged with or convicted of a crime? **(circle one →)** YES / NO If yes, please explain: _____

- I authorize CENTAUR STRIDE to receive information from any law enforcement agency, including police and sheriff's departments, of this 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 of 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 application as an employee/volunteer, and that I expressly DO NOT authorize CENTAUR STRIDE, it's directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization, or corporation.

Do you have a current driver's license? **(circle one →)** YES / NO

If so, please provide license ID number: _____ and state: _____

Confidentially Agreement:

I understand that the information provided (written and verbal) about participants at Centaur Stride is confidential and will not be shared with anyone without the expressed written consent of the participant and their parent/guardian (in the case of a minor).

Liability Release:

I will not hold Centaur Stride, Inc., its staff, Board of Directors, or owners of the premises liable for any accident or injury incurred while participating or volunteering in the Centaur Stride sessions or related activities.

My signature below verifies that I am not withholding any medical information that may cause injury, illness or harm to myself or others. I understand that the information provided above is accurate to the best of my knowledge.

Signature: _____ Date: _____

(Volunteer)

Signature: _____ Date: _____

(If under age 18, Parent/Guardian co-sign)

Parent/Legal Guardian Name, if under age 18: _____

Last updated: 3/2025