



Mane Stream

PO Box 305 • Oldwick, New Jersey • 08858

Tel: (908) 439-9636 • Fax: (908) 439-2338

Web: www.manestreamnj.org Email: volunteer@manestreamnj.org

Mission Statement: It is the mission of Mane Stream to improve the quality of life for individuals with physical, developmental, emotional and medical challenges through a diverse program of equine assisted activities, equine assisted therapy and educational initiatives.

SPECIAL PROJECT VOLUNTEER REGISTRATION FORM

(Mr/Mrs/Ms) Name: _____ Date: _____

Address: _____ Date of birth: _____

Town: _____ State: _____ Zip: _____

Phone: (home) _____ (cell) _____ (work) _____

e-mail: _____ fax: _____

Name of parents (if under 18): _____

Volunteer's Current Employer/School: _____

Parental Consent (for those under 18 years of age)

I give _____ my consent to work as a volunteer for Mane Stream.

Parent's Signature: _____ Date: _____

Would you like to be on our mailing list for future volunteer needs, special events & fundraising purposes?

Yes or No **(Circle one)**

EMERGENCY MEDICAL TREATMENT

In case of medical emergency, I hereby authorize Mane Stream to secure and retain medical treatment and transportation if needed for myself and/or my child, should none of the following be available for consultation. Emergency contacts:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Preferred medical facility: _____ Health Insurance Plan Name: _____

Policy number: _____ Policy holder name (if different): _____

List any allergies or other medical information you feel we should know: _____

LIABILITY RELEASE

I, the undersigned, wish to volunteer my services to Mane Stream. I acknowledge the risks and potential for risks of horseback riding and handling horses. Intending to legally bind myself, my heirs and assigns, executors and/or administrators, I hereby waive and release forever all claims for damages against Mane Stream, its Board of Directors, Instructors, Therapists, Aides, Volunteers and/or Employees for any and all injuries and/or losses I may sustain while participating in Mane Stream activities.

*** Volunteer's Signature: _____ Date _____

Also Parent/Legal Guardian signature if under 18: _____



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SPECIAL PROJECT VOLUNTEER REGISTRATION FORM (Page 2)

PHOTO RELEASE AUTHORIZATION

I hereby: **(choose one)** **consent to and authorize** **or** **do not consent to or authorize** the use and reproduction of any and all photographs and any other audiovisual materials taken of me/my child by Mane Stream for promotional printed material, educational activities, website, Facebook and exhibitions, by PATH, AHA, Inc., EAGALA or for any other use for benefit of the Mane Stream program.

CRIMINAL RECORD

In the last seven years, have you ever been convicted of a crime, other than a traffic violation?

Yes or No **(Circle one)**

If yes, please explain: _____

I understand that as an organization serving youth and a vulnerable population, Mane Stream reserves the right, at any time, to conduct a background check, including fingerprints. The state police will examine the information gathered in connection with each background check, and will then recommend to Mane Stream if a person should or should not be accepted as a volunteer. At no time will Mane Stream have access to the information collected by the state police.

I certify that the information provided above is both accurate and truthful and I agree to the specific releases contained herein. Further, I understand that, as a condition of acting as a volunteer for Mane Stream, I will abide by its policies and procedures. I understand that Mane Stream reserves the right to discontinue my volunteer efforts at any time to the extent I do not conduct myself in accordance with such policies and procedures.

***** Volunteer's Signature:** _____ **Date** _____

Also Parent/Legal Guardian signature if under 18: _____

******* If you are 18 years of age or older & choose to complete this form via email (and thus are unable to provide a signature), you are confirming the above information is true. If the volunteer is under the age of 18, the parent/guardian indicated here confirms that the above information is true.

Name of parent or guardian: _____

Email address of parent or guardian: _____