



Mane Stream

(formerly known as Somerset Hills Handicapped Riding Center)

PO Box 305 Oldwick, NJ 08858

Phone: 908-439-9636 Fax: 908-439-2338 email: volunteer@manestreaminc.org
website: www.manestreaminc.org

Office use only

Orientation date: _____

Training date: _____

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.

MANE STREAM 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: _____

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): _____

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, Therapist, 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: _____

Also Parent/Legal Guardian signature if under 18: _____

MANE STREAM VOLUNTEER REGISTRATION FORM (Page 2)

PHOTO RELEASE AUTHORIZATION

I hereby consent to and authorize the use and reproduction by Mane Stream of any and all photographs and any other audiovisual materials taken of me/my child for promotional printed material, educational activities, exhibitions and for any other use for the benefit of the Mane Stream program.

Yes or No **(Circle one)**

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.

REFERENCES

Please list two references, past or present employers, teachers, volunteer supervisors, etc., other than family members or personal friends, that we can contact to confirm your suitability as a volunteer.

Name	Relationship	Contact Number

Volunteers are needed in many capacities at Mane Stream:

- Program volunteers assist with the riders, clients and horses during adaptive riding lessons & therapy sessions – “PROGRAM VOLUNTEERS”.
- Volunteers in the office assist with mailings, filing, etc. – “CLERICAL”.
- Barn assistants help in the barn by grooming, cleaning tack, etc. – “BARN”.
- There are lots of trails that need clearing and maintenance in nearby Cold Brook Preserve – “TRAILS”

Please indicate below what type of volunteer opportunity you would like:

MANE STREAM VOLUNTEER REGISTRATION FORM (Page 3)

I am available:

___ mornings ___ afternoons ___ evenings ___ Saturdays

Please briefly describe your horse experience, if any.

Do you have any special skills you would like to offer (PR work, carpentry, fundraising, legal, photography, graphic design, sewing, etc.)?

How did you learn about Mane Stream? Please explain.

newspaper _____ school _____
article _____ other _____
friend _____

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: _____