**CLT Farms Equestrian Healing Center LLC**

**Volunteer Registration & Waiver Form**

*“In service, we find grace. In horses, we find healing.”*

**🧾 Personal Information**

**Full Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_ (Volunteers must be 16+ or have guardian consent)
**Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Mailing Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**🐴 Volunteer Interests**

Please check all areas you’re interested in:
☐ Horse Care (grooming, feeding, mucking stalls)
☐ “Pony Tales” Literacy Program Support (ceremonial prep, badge assembly,book check-in/out)
☐ Event Assistance (setup, guest welcome, ceremonial roles)
☐ Office Support (filing, data entry, creative design)
☐ Groundskeeping & Maintenance
☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**🕰️ Availability**

Preferred Days: ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat ☐ Sun
Preferred Shift: ☐ Morning (9am–12pm) ☐ Afternoon (1pm–4pm)
Estimated Monthly Commitment: \_\_\_\_\_\_ hours

**👥 Emergency Contact**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Relationship:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**✅ Requirements & Acknowledgments**

Please initial each line to confirm understanding:
\_\_\_\_ I will attend a mandatory orientation and training before volunteering.
\_\_\_\_ I understand that equine activities carry inherent risks.
\_\_\_\_ I will follow all safety protocols and staff instructions.
\_\_\_\_ I consent to a background check if required for my role.
\_\_\_\_ I understand that volunteers under 18 must have guardian supervision or consent.
\_\_\_\_ I grant permission for CLT Farms to use photos/videos of me for promotional purposes.

**🖋️ Liability Waiver**

I, the undersigned, acknowledge the risks associated with equine activities and hereby release CLT Farms Equestrian Healing Center LLC, its staff, volunteers, and affiliates from any liability for injury or loss incurred while volunteering. I affirm that I am physically and emotionally capable of participating in volunteer activities and will notify staff of any limitations.

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_
(If under 18)
**Parent/Guardian Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_