



**Talbot Special Riders, Inc.**  
 Therapeutic Horseback Riding  
 P.O. Box 391 Easton, Maryland 21601



**Volunteer Information and Release Form**

**Contact Information:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Preferred Contact: Email \_\_\_\_ Home \_\_\_\_ Cell \_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent/Guardian (if applicable): \_\_\_\_\_ Phone: \_\_\_\_\_

Address (if different): \_\_\_\_\_

**Photo Release:**

I, \_\_\_\_\_ **CONSENT** \_\_\_\_\_ **DO NOT CONSENT** to and authorize the use and reproduction by Talbot Special Riders, Inc. of any photographs and/or audio-visual materials taken of me which may be used for promotional materials, educational activities, exhibitions, newsletters or for any other use for the benefit of the Program.

\_\_\_\_\_  
*Signature of Volunteer, Parent or Guardian* \_\_\_\_\_  
*Date*

**Volunteer Availability:**

<i>Day</i>	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>	<i>Sunday</i>
<i>AM</i>							
<i>PM</i>							

**Special Interests/ Hobbies:**

Talbot Special Riders, Inc. is constantly seeking to recruit volunteers to fill a variety of Program needs, which may include: Horse Leaders, Side Walkers, Horse Resources Persons, Reception Area Resource Person, Barn Volunteers, Office Volunteers, Special Skills Volunteers (grant writing, photography, event planning, fundraising, landscaping, etc.) We value our volunteers and seek to incorporate skills and talents in ensuring a successful program. Please include any special interests, skills or hobbies:

\_\_\_\_\_  
 \_\_\_\_\_

**Volunteer Status:** \_\_\_\_\_ **New** \_\_\_\_\_ **Current** **Start Year:** \_\_\_\_\_