



Junior Volunteer Application

Name: _____ Date: _____

Address: _____ (H) Phone: _____

City: _____ Zip: _____ (W) Phone: _____

Cell Phone: _____ E-mail: _____

Parent(s) Names: _____

Your date of birth: _____ School: _____

In case of emergency, please contact: Name: _____

Phone: _____ Relationship: _____

Please answer the following questions:

How did you hear about Dream Catchers?

Do you have any experience with people with special needs?

Do you have any experience with horses?

Media Release

I hereby consent to and authorize the use and reproduction by Dream Catchers at the Cori Sikich Therapeutic Riding Center of any and all photographs and any other audio/visual media taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Confidentiality Policy

I agree to uphold the confidentiality of all students, volunteers and staff at Dream Catchers at the Cori Sikich Therapeutic Riding Center. I affirm the Confidentiality Policy of Dream Catchers, and agree to adhere to all of its terms.

Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Thank you for your time. We hope your volunteer experience at Dream Catchers will be rewarding. Please do not hesitate to call us at 566-1775 if we can be of any assistance or if you have any questions.