  

**2023 S.T.A.R.S. Volunteer Registration Form**

Please Print

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| Name:  Age: \_\_\_\_\_\_\_\_\_\_\_\_\_ | | Home Phone:  Cell Phone:  Email: | | |  | |
| Address: | City: | | | State: | | Zip: |
| How did you learn about STARS? | | | | | | |
| Do you have CPR training? \_\_\_\_ Yes \_\_\_\_ No  Have you been certified in the past? \_\_\_\_Yes \_\_\_No | | | Do you have First Aid Training? \_\_\_\_\_ Yes \_\_\_\_\_ No  Have you been certified in the past? \_\_\_\_Yes \_\_\_\_No | | | |

Check which areas you are interested in: (check as many as apply)

\_\_\_ Working with horses \_\_\_ Working with Fund Raising \_\_\_ Working with Volunteer Recruitment

\_\_\_ Working with participants \_\_\_ Working with Public Relations \_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Photo Release** | |
| I consent to and authorize the use and reproduction by S.T.A.R.S. of all photographs and any other audio/visual materials taken of me for promotional printed materials, social media, educational activities, exhibitions, or any other use for the benefit of the program. | |
| Date: | Signature: |

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| **In Case of Emergency**  Please Print | | | | |
| Contact Name: | | | Home/Cell Phone: | Work Phone: |
| Physician: | | | Phone: | Hospital and Town: |
| In case of emergency, I give permission to S.T.A.R.S. to secure medical treatment including x-ray, surgery, hospitalization, medication, and transportation if needed. | | | |
| Date: | Signature: | | |

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**Volunteer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

May we release your contact information to committee chairs? \_\_\_\_\_\_ YES \_\_\_\_\_NO

Long pants only; shorts will not be allowed. Riding boots are preferred for safety. At the minimum, closed toe and enclosed heels are mandatory.

Intent to disrupt, harm, or harass staff, volunteers, or horses will not be tolerated.

If you are not feeling well, please notify the director.

If you have had a background check, please submit a copy if possible. If not, please go to a South Dakota Clerk of Courts office and request one. It is free.

If you have turned one in previously, you do not need to re-submit.

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| **Volunteer Liability Release** | |
| Volunteers shall be 16 years or older. If a volunteer is under 16, the volunteer must have guardian supervision. As a volunteer at S.T.A.R.S. I acknowledge the risks and potential for risks of a horseback riding program. However, I feel that the possible benefits to myself and the participants I work with are greater than the risk assumed. I, therefore, intending to be legally bound, for myself, my heirs and assignees, executors, or administrators, waive and release forever all claims for damages against S.T.A.R.S., its board of directors, instructors, therapists, volunteers and/or employees for any and all injuries and/or losses I may sustain while participating in S.T.A.R.S. | |
| Date: | Volunteer/ Guardian Signature: |
| **WARNING:** Under South Dakota law, an equine professional is not liable for any injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to 42-11-2. | |

Do you have horse experience? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Do you have experience working with individuals with challenges? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Volunteer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| Please check all the times you would be available to volunteer. Put a line through the dates you will not be able to volunteer. **Please Note: Due to unpredictable spring weather, we may need to adjust the session schedule. We will be in contact.**   * \_\_\_\_\_ Session #1, Ride #1 **May 30, June 1, 6, 8, 13, 15, 20, 22 5:30-6:30 PM** * \_\_\_\_\_ Session #1, Ride #2 **May 30, June 1, 6, 8, 13, 15, 20, 22 6:30-7:30 PM** * \_\_\_\_\_ Session #1, Ride #1 **Possible make-up rides June 27, 29** **5:30-6:30 PM** * \_\_\_\_\_ Session #1, Ride #2 **Possible make-up rides June 27, 29** **6:30-7:30 PM** * \_\_\_\_\_ Session #2, Ride #1 **July 11, 13, 18, 20, 25, 27, August 1, 3 5:30-6:30 PM** * \_\_\_\_\_ Session #2, Ride #2 **July 11, 13, 18, 20, 25, 27, August 1, 3 6:30-7:30 PM** * \_\_\_\_\_ Session #2, Ride #1 **Possible make-up rides August 8, 10 5:30-6:30 PM** * \_\_\_\_\_ Session #2, Ride #2 **Possible make-up rides August 8, 10 6:30-7:30 PM** * \_\_\_\_\_ Session #3, Ride #1 **August 15, 17, 22, 24, 29, 31 September 5, 7 5:30-6:30 PM** * \_\_\_\_\_ Session #3, Ride #2 **August 15, 17, 22, 24, 29, 31 September 5, 7 6:30-7:30 PM** * \_\_\_\_\_ Session #3, Ride #1 **Possible make-up rides September 12, 14** **5:30-6:30 PM** * \_\_\_\_\_ Session #3, Ride #2 **Possible make-up rides September 12, 14 6:30-7:30 PM** |
| **Volunteer Orientation Sign-Up**  Training is mandatory for our Insurance Provider and to ensure a safe environment for everyone.  Please check your preference for attending training. Training location is @ Circle H Stables, 1510 28th Ave. West, Brookings, SD 57006. Attend one, two, or all sessions.  **\_\_\_\_** **Tuesday, May 23 @ 5:30 PM**  **\_\_\_\_ Wednesday, May 24 @ 5:30 PM**  **\_\_\_\_ Thursday, May 25 @ 5:30 PM**   * **T-Shirt Size:** (Please Circle One)   **SM MED LG XLG XXLG XXXLG** |

Kristine Skorseth, Program Director

3413 Co Hwy 1

Hendricks, MN 56136

(605) 690-0259

Brookingsstars.director@gmail.com