



2024 S.T.A.R.S. Volunteer Registration Form

Please Print

Name:	Home Phone:
Age: _____	Cell Phone:
	Email:

Address:	City:	State:	Zip:
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How did you learn about STARS?

Do you have CPR training? ___ Yes ___ No	Do you have First Aid Training? ___ Yes ___ No
Have you been certified in the past? ___ 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 _____

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.

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:
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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: _____

Do you have experience working with individuals with challenges? Yes _____ No _____

Explain: _____

Volunteer Name: _____

Availability

Please mark your availability below. Check any boxes you anticipate being present. Feel free to show up to help even if you have not signed up in advance! We can always use help! Pre-planning helps us know how to adjust the flow of riders and volunteer assignments to get everyone their opportunity to ride in a timely manner.

SESSION 1

SESSION 2

Tue, June 11

Tue, July 23

Thu, June 13

Thu, July 25

Tue, June 18

Tue, July 30

Thu, June 20

Thu, Aug 1

Tue, June 25

Tue, Aug 6

Thu, June 27

Thu, Aug 8

Tue, July 2

Tue, Aug 13

X (no rides Thu, July 4th)

Thu, Aug 15

Tues, July 9

Tue, Aug 20 MAKEUP RIDE DATE

Thu, July 11 MAKEUP RIDE DATE

Thu, Aug 22 MAKEUP RIDE DATE

Watch texts and Facebook for cancellations!

T-Shirt

Please wear your STARS t-shirt to all STARS events. Any color STARS t-shirt is acceptable.

Please check one:

I DO NOT need a t-shirt this year, please use that money for other STARS needs this year

I DO need a t-shirt this year (check size) – *optional \$10 donation to cover t-shirt cost*

Child SM Child M Child LG

Adult SM Adult M Adult LG Adult XL Adult 2X Adult 3X

Additional T-shirts may be purchased subject to availability

COMPLETE & RETURN TO:

Valerie Hicks, Program Director

(605) 695-3805

brookingsstars.director@gmail.com

P.O. Box 974 Brookings SD 57006