

BUCKBOARD



THERAPEUTIC RIDING ACADEMY

Volunteer Program Registration

Name: _____ Date: _____

Address: _____

City/State/Zip

Primary Phone: _____ Alternate Phone: _____

Email: _____ Birth Date: _____

How did you learn about Buckboard?

What special skills and/or training would you like to share with Buckboard?

Please list two references who do not live with you and who are not related to you.

Name _____

Relationship: _____ Phone: _____

Address: _____

City/State/Zip

Name: _____

Relationship: _____ Phone: _____

Address: _____

City/State/Zip

Photo Release

I hereby consent to and authorize the use and reproduction by Buckboard Therapeutic Riding Academy of any and all photographs and any other audiovisual materials taken of me for promotional printed material, educational activities or for any other use for the benefit of the program.

Signature

Kathleen M Gatch, Instructor - 308-783-2319 - 270388 County Rd U, Gering, NE 69341

Date

"Founded under the clear blue skies of Nebraska"