

Junior Volunteer Application & Consent Form

Applicant Information

Full Name: _____

Date of Birth: _____

Age: _____

School Name (if applicable): _____

Grade: _____

Phone Number: _____

Email Address: _____

Parent/Guardian Name: _____

Parent/Guardian Phone Number: _____

Parent/Guardian Email: _____

Emergency Contact (if different from parent/guardian)

Name: _____

Relationship to Volunteer: _____

Phone Number: _____

Volunteer Interests (check all that apply)

- ☐ Barn chores
- ☐ Class prep and setup
- ☐ Sidewalking (ages 16-17 only, approval required)
- ☐ Grooming/tacking
- ☐ Cleaning/organizing
- ☐ Other (please describe): _____

Medical Information

Allergies or health concerns we should be aware of:

Medications (if any): _____

Parental Consent & Acknowledgment

I, _____, the parent/guardian of the above-named minor, give permission for them to volunteer at Robinson's Equine Therapy and Riding. I understand that:

- My child will be assigned only to roles appropriate to their age and ability.
- Volunteers aged 10-12 must have a guardian/parent on site at all times.
- Volunteers under 16 may not sidewalk.
- Volunteers ages 16-17 may only sidewalk with approval and will not be scheduled without an adult sidewalker present.
- My child must attend orientation and follow all safety rules.
- I release Robinson's Equine Therapy and its staff from liability for injuries incurred while volunteering, except in cases of gross negligence.

Parent/Guardian Signature: _____ Date: _____

Junior Volunteer Signature: _____ Date: _____