



The Pilot House
Community Farm
(203)292-8452
Info@thepilothouse.org

VOLUNTEER INFORMATION

Date: _____

Name: _____ DOB: _____ M / F

Address: _____

Phone _____ Cell: _____

email _____

If under 18:

Parent / Guardian Name: _____

Address: _____

Phone _____ Cell: _____

email _____

Emergency Contact _____

Relationship: _____ Contact Information: _____

Alternate contact: _____

Do you currently have CPR Training? Adult: Yes / No

Child: Yes / No

Do you currently have First Aid Training? Yes / No

Have you ever been convicted of a criminal offense? Yes / No. If yes, please explain:

Please describe your experience with

Horses: _____

People with Disabilities: _____

If you have special skills that you will be willing to share, please note below:

____ Photography ____ Sign Language ____ Public Relations
 ____ Fundraising ____ Grant Writing ____ Graphic Design

Other: _____

Volunteer Liability Release

As a volunteer at the Pilot House, I acknowledge the risks and potential for risks of working at a horse farm. However, I feel that the possible benefits to myself and the clients I work with are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against The Pilot House, and Sasco River Farm; the board of directors, instructors, therapists, volunteers and/or employees for any and all injuries and/or losses I may sustain while participating in The Pilot House.

Date: _____ Print Name: _____

Print Name of Parent or Guardian: _____

Signature: _____

Photo/Media Release for Minors

I, being Parent/Guardian of _____ hereby consent that his or her name, image and likeness, as shown in of any and all photographs and audio-visual materials; and quotations may be used by The Pilot House to promote programs and activities in print and electronic form. This may include, but is not limited to, press releases to the media; newsletters, fundraising materials and our website Facebook pages.

Signature: _____ Date: _____

Photo/Media Release for Adults

I, _____, being of legal age, hereby consent that my name, image and likeness, as shown in of any and all photographs and audio-visual materials; and quotations may be used by The Pilot House to promote programs and activities for the benefit of the program. This may include, but is not limited to, press releases to the media; newsletters, fundraising materials and our website Facebook pages.

Signature: _____ Date: _____

Emergency Medical Release

In case of an emergency, I _____ hereby authorize The Pilot House, and/or a currently certified First Aider to give necessary first aid and/or CPR to myself, or my child, _____, and I also authorize the person in charge to obtain and consent to, on my behalf, whatever medical diagnosis treatment is deemed necessary or advisable by such person for the well being of myself, or my child.

Signature: _____ Date: _____

Please mail to:

The Pilot House
Therapeutic Riding Volunteer Program
240 Colony Street
Fairfield, CT 06824