

2020



# Still Meadows Enrichment Center and Camp

11992 Hollar School Road, Linville Virginia 22834 ♥ (540) 833-2072  
campstillmeadows@aol.com ♥ www.campstillmeadows.org

## Volunteer Application

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Availability:  Any Time     Summer Sessions     Therapeutic Riding     Grounds Work     Other

Special Talents \_\_\_\_\_

Arts & Crafts     Games     Story Telling     Gardening     Music  
 Animal Care     Cooking     Drama     Photography     Nature

*Please list 2 non-family References*

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

*Current Place of Employment or School*

\_\_\_\_\_

*Have You Ever Been Convicted of a Felony?*  Yes  No

**SHIRT SIZE**    YS \_\_\_ YM \_\_\_ YL \_\_\_ AS \_\_\_ AM \_\_\_ AL \_\_\_ AXXL \_\_\_ AXXXL \_\_\_

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## EMERGENCY MEDICAL INFORMATION -- VOLUNTEER

Name: \_\_\_\_\_

Name of person to contact in an emergency:  
\_\_\_\_\_

Phone of person to contact in an emergency: CELL \_\_\_\_\_ HOME: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

If you are involved in an unexpected emergency while at Still Meadows, is there any health information that should be given to the emergency providers:  
\_\_\_\_\_  
\_\_\_\_\_

Medical Insurance Company:  
\_\_\_\_\_

Medical Insurance Policy Number: \_\_\_\_\_

## WAIVER OF LIABILITY/CONSENT FORM

I hereby acknowledge that I wish to participate in horseback riding and livestock related activities as a volunteer at Still Meadows Enrichment Center and Camp in Linville, Virginia. I understand that this may be a high-risk activity and that am participating at my own risk. Further, I do hereby release from liability and agree to hold harmless Still Meadows, its officers, agents, all members of its organizing committee and volunteers, and the County of Rockingham and their officials, agents and employees for any incidents, accidents, damage, injury or illness to any riders, horse owners, horses, property, attendants and guests suffered during or in conjunction with Still Meadows' Therapeutic Horseback Riding Program.

I also give Still Meadows my permission to use an image, name, voice, or words in any form, including newsletter, television, radio, newspapers, film, magazine, internet, and other media, only to advertise or communicate the purpose and activities of Still Meadows and/or to apply for funds to support the purpose and activities.

During camp activities, if emergency medical treatment is needed and I am unable to give my consent, I authorize Still Meadows to take whatever measures are necessary including hospitalization.

\_\_\_\_\_  
Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
If volunteer is under 18, a guardian must also sign.

