



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.