

Volunteer Application - 2023

I would like to volunteer with Riding Beyond.	
Name	
Address	
Phone(s)	
Email (required to be checked at least twice a week.)	
Here are some of the Riding Beyond Jobs. Please chec experience. 1-2 hours/week is anticipated for each, ex	ck the ones you are interested in, and note your relevant scept side walking and horse leading.
○ Side Walker	O Horse Caretaker and Trainer
○ Horse Leader	 Research Person Document results for grants and possible research projects (SOU student?)
 Client Finder Contact likely sources of clients - support groups, doctors, clinics, etc. and identify/invite clients Grant Finder/ Grant Writer Internet research, library research 	O Public Awareness Schedule presentations Schedule radio/newspaper/tv coverage Distribute posters Manage Facebook page Manage blog Manage Website
Research and write grants to targeted sources	O Crowd Funding Campaign managers
 Volunteer Coordination Advertise and assist at volunteer trainings Ensure enough volunteers show up at sessions 	○ Something Else (Describe what you'd like to offer.)

Photo Release		
I O DO O DO NOT		
consent to and authorize the use and reproduction by RIDING BEYOND of any and all photographs and any other		
audio/visual materials taken of me for promotional materials	rial, educational activities, exhibitions or for any other use for	
the benefit of the program.		
Signature:	Date:	
Background Information		
Have you ever been charged with or convicted of a crime	? Y N If yes, please explain	
I,(volunteer/sta	aff), authorize Riding Beyond to receive information from any	
law enforcement agency, including police departments a	and sheriff's departments, of this state or any other state or	
federal government, to the extent permitted by state and	d federal law, pertaining to any convictions I may have	
had for violations of state or federal criminal laws, includi	ing but not limited to convictions for crimes committed upon	
children or animals. I understand that such access is for the	he purpose of considering my application as an employee/	
volunteer, and I expressly DO NOT authorize Riding Beyon	nd, its directors, officers, employees or other volunteers to	
disseminate this information in any way to any other indi	vidual, group, agency, organization or corporation.	
Signature:	Date:	
(volunteer/staff)		
CURRENT DRIVER'S LICENSE Y N LICENSE NUMBER	STATE	
Confidentiality Agreement		
I understand that all information (written and verbal) abo	out participants at Riding Beyond is confidential and will not	
be shared with anyone without the expressed written co	nsent of the participant.	
Signature:	Date:	
MAIL or EMAIL COMPLETED APPLICATION TO (or bring	g to training if less than one week away):	
marjimcfadden@msn.com		
Riding Beyond , PO Box 1281, Ashland, OR 97520		

You will be contacted for an interview by Marji McFadden, within one week.

Contact, if you do not hear from her: marjimcfadden@msn.com | (623) 363-4813