

Volunteer Application - 2024

would like to volunteer with Riding Beyond.	
Name	
Address	
Phone(s)	
Email (required to be checked at least twice a week.)	
	k the ones you are interested in, and note your relevant cept side walking and horse leading which requires mor
○ Side Walker	O Horse Caretaker and Trainer
○ Horse Leader	O Research Person Document results for grants and possible research projects (SOU student?)
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.)

QUESTIONS? Contact Eliane Viner jeviner37@outlook.com | (970) 903-7243 (text or call) OR (541) 625-6211 (landline for messages)

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 material, 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/staff),	authorize Riding Beyond to receive information from any			
law enforcement agency, including police departments and	sheriff's departments, of this state or any other state or			
federal government, to the extent permitted by state and fed	deral law, pertaining to any convictions I may have			
had for violations of state or federal criminal laws, including l	but not limited to convictions for crimes committed upon			
children or animals. I understand that such access is for the p	ourpose of considering my application as an employee/			
volunteer, and I expressly DO NOT authorize Riding Beyond,	its directors, officers, employees or other volunteers to			
disseminate this information in any way to any other individu	ual, 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) about p	participants at Riding Beyond is confidential and will not			
be shared with anyone without the expressed written conser	nt of the participant.			
Signature:	Date:			
MAIL or EMAIL COMPLETED APPLICATION TO (or bring to	training if less than one week away):			
jeviner37@outlook.com	·			
Riding Beyond, PO Box 1281, Ashland, OR 97520				

You will be contacted for an interview by Eliane Viner, within one week.

Contact, if you do not hear from her: jeviner37@outlook.com | (970) 903-7243 (text or call) OR (541) 625-6211 (landline for messages)