



# Opening Doors to the Future for Breast Cancer Survivors in the Rogue Valley

## Volunteer Application - 2025

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 check the ones you are interested in, and **NOTE YOUR RELEVANT EXPERIENCE**. 1-2 hours/week is anticipated for each, except for horse handling and assistance at weekly sessions.**

**Side Walker**

**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

**Public Awareness**

- Schedule presentations
- Schedule radio/newspaper/tv coverage
- Distribute posters, fliers
- Manage social media
- Manage blog
- Manage Website

**Grant Finder/ Grant Writer**

Internet research, library research

Research and write grants to targeted sources

**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 Trish Broersma 541 482 6210 [ridingbeyond@gmail.com](mailto:ridingbeyond@gmail.com)**

**Photo Release**

I  DO  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 federal law, pertaining to any convictions I may have had for violations of state or federal criminal laws, including but not limited to convictions for crimes committed upon children or animals. I understand that such access is for the purpose 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 individual, 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 participants at Riding Beyond is confidential and will not be shared with anyone without the expressed written consent of the participant.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MAIL or EMAIL COMPLETED APPLICATION TO (or bring to training if less than one week away):**

ridingbeyond@gmail.com

Riding Beyond , PO Box 1281, Ashland, OR 97520