



Chuckie's Place  
178 Palmer Drive  
Florissant, CO 80816  
(719) 687-3425  
[www.chuckiesplace.org](http://www.chuckiesplace.org)  
kesti@christhaven.net

### VOLUNTEER REGISTRATION FORM

Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Physician \_\_\_\_\_

Healthcare Insurance Co. \_\_\_\_\_

Preferred Medical Facility \_\_\_\_\_

Medications \_\_\_\_\_ Allergies \_\_\_\_\_

Special Interest, Talents, Skills \_\_\_\_\_

E-mail \_\_\_\_\_

#### Agreement

I release Christ Haven Lodge and Chuckie's Place, its employees, and volunteers, and the retreat facility from all actions, damages, or personal injuries which may occur to me or a member of my family. I understand in the event of a minor injury I, or a member of my family, may receive first aid treatment. I will be informed as soon as possible of any injury or condition of one of my family members and will be responsible thereafter for their care. In the event of an emergency, injury, or illness, emergency medical services and I will decide the best course of action. If the retreat leaders are unable to reach me, I authorize them to take whatever action is necessary for the safety and health of my family members.

I give my consent that photographs, interviews, and audio/video recordings during the course of the retreat may be used by CHL for training, promotion, and fundraising.

Signature of adult volunteer

Signature of parent(s)/guardian

Date

Please sign below if you/your child MAY NOT be photographed for education purposes or for promoting Equine Adventures and its work.

Signature

Date

I would like to be involved in:

- Riding Classes    Office Work    Special Events    Horse Care    Child Care for Other Volunteers