THERAPEUTIC RIDING CENTER VOLUNTEER ENROLLMENT

Name: _____
First Middle Last

Address: _____
Street

_____
City State Zip Code Phone

Business Phone: _____ Cell Phone: _____

Email Address: _____ Birth Date: _____

Race: _____ Gender: Male _____ Female_____
(Use code from back of page)

Residence: _____ Township: _____
(Farm, Rural, Town, Suburbs, City)

If you're a teen volunteer complete this section.

Grade: _____ School: _____

Birth Date: _____ Name of Parent or Guardian: _____

Pennsylvania
4-H Youth Development Program

Photo Release Form

____ I will allow photographs to be taken of me that have the potential to be used in Penn State Cooperative Extension 4-H exhibits, published in local newspapers and in Penn State publications, or published on Penn State Wed sites or other digital media.

____ I will not allow photographs of me to be taken for use by Penn State Cooperative Extension.

Volunteer's Name: _____ Signature: _____

_____ _____
SIGNATURE OF PARENT OR GUARDIAN (If teen, under 18) DATE