



**BIG SKY**  
**HORSE PARK**

**MISSOULA HORSEMEN'S COUNCIL**

**STEWARDS OF THE BIG SKY HORSE PARK**

PO Box 3814 Missoula, MT 59806 [www.bigskyhorsepark.org](http://www.bigskyhorsepark.org)

I hereby certify and acknowledge that I will provide volunteer services for the Missoula Horse Council/Big Sky Horse Park as: POSITION \_\_\_\_\_

DEPARTMENT/DIVISION/ARENA \_\_\_\_\_

I understand that as a bona fide volunteer, I am not eligible for compensation for my services, but that in appreciation for my services to the (Event Name) \_\_\_\_\_, MHC/BSHP will provide an honorarium of: \$ \_\_\_\_\_ and/or provide: \_\_\_\_\_

I understand that this volunteer service is not covered under health insurance, unemployment insurance, or under workers compensation insurance.

I further agree that:

- I am offering my services freely, without any pressure or coercion by the Missoula Horse Council.
- Honorarium may be subject to applicable tax.

**Please Print:**

Volunteer's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone: \_\_\_\_\_

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

BSHP Representative: \_\_\_\_\_ Date: \_\_\_\_\_