



Volunteer Information Form and Health History

General Information

Name: _____ Date: _____

Address: _____ City: _____ Zip: _____

Date of Birth: _____ Phone:(Cell) _____ (H or W) _____

Email Address: _____

Employer/School: _____

Address: _____

Parent/Legal Guardian/Caregiver Name/Address/Phone Number: _____

How did you learn about HorseFriends? _____

Recent medical tests: _____ Last Tetanus Shot: _____ Tuberculosis Test + — Date: _____

(Consult your physician or local health department if you are not up to date with these shots/tests)

Health History

Please describe your current health status, particularly regarding the physical/emotional demands of working in an equine-assisted program. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries or lifestyle changes.

Allergies: _____

Medications: _____

Horse Handling - Please describe in detail your experience with horses:

Check areas in which you are interested:

Program

Horse Handling

Sidewalking with a Student

Games/Activities

PATH Certified Leader

Barn or Pasture Work

Special Events

Horse Show

Fundraising

Trail Rides

Parties

Administration

Public Relations

Grant Writing

Newsletter

Volunteer Recruitment

Photography/Video

Budget & Finance

Future Planning

I understand that the information provided above is accurate to the best of my knowledge. I know of no reason why I should not participate in this center's program.

Signature: _____ Date: _____

(signed in presence of HorseFriends staff)

(Rev. 7/2018)



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Name: _____

Address: _____

Phone: _____ Date of Birth: _____

Background Information

Have you ever been charged with or convicted of a crime? Y N Please explain _____

I, _____ (*volunteer*), authorize _____ HorseFriends, Inc. _____ 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 HorseFriends, Inc., Blue Ridge Companies, Inc., 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*)

CURRENT DRIVER'S LICENSE Y N LICENSE NUMBER _____ STATE _____

Confidentiality Agreement

I understand that all information (written and verbal) about participants at HorseFriends, Inc., a therapeutic riding program, is confidential and will not be shared with anyone without the expressed written consent of the participant and his/her parent/guardian in the case of a minor.

Signature: _____ Date: _____
(*volunteer*)