



# 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)*



# Volunteer Information Form and Health History

## Page 2

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., Khan Brothers, Inc. d/b/a Still Water Farm, 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*)