



Volunteer/Staff Information Form and Health History

General Information

Name: _____

Email: _____ Date of Birth: ___/___/_____

Home Address: _____

Phone (Cell): _____ Phone: (Home): _____

Employer/School: _____

Emp/Sch Address: _____

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

How did you learn about the program? _____

Recent medical tests: Last Tetanus Shot: ___/___/_____ Tuberculosis Test: + or - 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: _____

Program

- Horse Handling
- Sidewalking with a Student
- Stable Management
- Facility Repairs

Special Events

- Horse Show
- Fundraising
- Event Assistance

Administration

- Public Relations
- Grant Writing
- Newsletter
- Volunteer Recruitment
- Horse Show
- Fundraising
- Event Assistance

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. I also understand my contact information may be shared with other volunteers and Stockhands associates to facilitate the program.

Signature: _____ Date: ___/___/_____

(volunteer/staff/caregiver; signed in presence of center staff)



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Name: _____

Email: _____ Phone: _____

Photo Release

I DO

DO NOT

consent to and authorize the use and reproduction by: Stockhands Horses for Healing of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Signature: _____ Date: ___/___/_____

Background Information

Have you ever been charged with or convicted of a crime? Yes No If Yes, please explain:

I, _____ (volunteer/staff), authorize Stockhands Horses for Healing 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 Stockhands Horses for Healing, 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/staff)

CURRENT DRIVER'S LICENSE: Yes No LICENSE NUMBER: _____ STATE: _____

Confidentiality Agreement

I understand that all information (written and verbal) about participants at Stockhands Horses for Healing 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: ___/___/_____