

VOLUNTEER INFORMATION AND HEALTH HISTORY

GENERAL INFORMATION

Date: _____

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: ____ Zip: _____

Email: _____

Employer/School: _____

Phone: (H) _____ (W) _____ (C) _____

Parent/Legal Guardian Name and Address: _____

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 a therapeutic riding program. Address fitness, cardiac, respiratory, bone or joint function and recent hospitalization/surgeries.

Allergies: _____

Medications: _____

Check the areas you are interested in:

- Leading a horse Sidewalking with a rider Floater Barn Help Facility Repairs
 Fund Raising Grant Writing Photography/Video

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 operating center's program.

Signature: _____ Date: _____
Volunteer

HANDBOOK

My signature indicates that I have read and understand the information in the Heartland Therapeutic Riding Volunteer Handbook.

Signature: _____ Date: _____
Volunteer

PHOTO RELEASE

I consent to and authorize the use and reproduction by Heartland Therapeutic Riding, Inc. of any and all photographs and any other audiovisual materials taken of me for promotional material, educational activities, exhibitions or any other use for the benefit of the program.

Signature: _____ Date: _____
Volunteer

CONFIDENTIALITY

Heartland Therapeutic Riding, Inc. has a high respect for all who participate in the equine assisted therapy program offered at its facility. Confidentiality in regard to all information gathered about each rider is essential.

Staff and volunteers are involved daily in the assessment of skills and progress acquired by individual riders. This evaluative process is to be held in confidence. Information is considered privileged.

Discussion regarding individual riders outside of the Heartland environment is discouraged. When confidential information is used for professional purposes, every effort is made to conceal the identity of the individual being discussed.

My signature indicates that I have read and agree to abide by the above confidentiality statement.

Signature: _____ Date: _____
Volunteer

BACKGROUND INFORMATION

Have you ever been charged with or convicted of a crime? Yes No

Please explain. _____

I, _____ (Volunteer), authorize Heartland Therapeutic Riding, 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. I understand that such access is for the purpose of considering me as a volunteer and I expressly DO NOT authorize Heartland Therapeutic Riding, Inc., its directors, officers, employees, or other volunteers to disseminate the information in any way to any other individual, group, agency, organization, or corporation.

Signature: _____ Date: _____
Volunteer

DO YOU HAVE A CURRENT DRIVER'S LICENSE? Yes No

VOLUNTEER LIABILITY RELEASE

As a volunteer at Heartland Therapeutic Riding, Inc. I acknowledge the risks and potential for risks of a horseback riding program. However, I feel that the possible benefits to myself and the clients I work with are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Heartland Therapeutic Riding, Inc. its Board of Directors, Instructors, Therapists, Volunteers and/or employees for any and all injuries and/or losses I may sustain while participating at Heartland Therapeutic Riding, Inc.

Date _____ Signature _____