

Volunteer/Staff Information Form and Health History

General Information:

Name: _____

Date: _____

Address: _____

Date of Birth: _____ Phone: _____ Email: _____

Employer/School: _____

Address: _____

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

How did you learn about the program?

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: _____

Check areas in which you are interested:

Program Special Events Administration

Horse Handling Horse Show Public Relations Photography/Video

Sidewalking with a Student Fundraising Grant Writing Budget & Finance

Stable Management Special Olympics Newsletter Future Planning

Facility Repairs Trail Rides Volunteer Recruitment

Other: _____

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:** _____



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Name: _____

Photo Release :

I (check one)

DO

DO NOT

consent to and authorize the use and reproduction by Dream Power Therapeutic Equestrian Center 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? Y N

Please explain _____

I, _____ (volunteer/staff), authorize Dream Power Therapeutic Equestrian Center 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 the Dream Power, 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? Y N

LICENSE NUMBER _____ STATE _____

Confidentiality Agreement:

I understand that all information (written and verbal) about participants at Dream Power is confidential and will not be shared with anyone without the expressed written consent of the participant and their parent/guardian in the case of a minor.

Signature: _____ Date: _____

(volunteer/staff)