



## Volunteer/Staff Information & Health History

### GENERAL INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Employer/School: \_\_\_\_\_

Work Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Parent/Legal Guardian Name and Address: \_\_\_\_\_

How did you hear 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 you current health status, particularly regarding the physical/emotional demands of working in a therapeutic riding program. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries or lifestyle changes. \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

### Check the areas you are interested in:

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Program          | <input type="checkbox"/> Special Events   | <input type="checkbox"/> Administration   | <input type="checkbox"/> Newsletter      |
| <input type="checkbox"/> Horse handling   | <input type="checkbox"/> Horse Show       | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Future Planning |
| <input type="checkbox"/> Side walking     | <input type="checkbox"/> Fundraising      | <input type="checkbox"/> Photography/     | <input type="checkbox"/> Volunteer       |
| <input type="checkbox"/> with a student   | <input type="checkbox"/> Special Olympics | <input type="checkbox"/> Video            | <input type="checkbox"/> Recruitment     |
| <input type="checkbox"/> Stable           | <input type="checkbox"/> Trail Rides      | <input type="checkbox"/> Grant Writing    |  |
| <input type="checkbox"/> management       |   | <input type="checkbox"/> Budget &         |  |
| <input type="checkbox"/> Facility Repairs |   | <input type="checkbox"/> Finance          |  |

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: \_\_\_\_\_

*(Volunteer/Staff; signed in the presence of center staff)*

**Background Information**

Have you ever been charged with or convicted of a crime? Y N if yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_(volunteer/staff), authorize Windsong Equitherapy to receive any 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 ermitted 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 my application as an employee/volunteer, and that I expressly DO NOT authorize Windsong Equitherapy, 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 this NARHA center is confidential and will not be shared with anyone without the express written consent of the participant and their parent/legal guardian in the case of a minor.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Volunteer/Staff)