



# Volunteer/Staff Information Form and Health History

## General Information

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

Address, City, State, Zip: \_\_\_\_\_

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

Best phone number to contact you in case of cancellation: \_\_\_\_\_

Email address: \_\_\_\_\_

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

Parent/Legal Guardian/Caregiver Name/Address/Phone Number: \_\_\_\_\_

How did you learn about the program? \_\_\_\_\_

### Please list two non-family references: (If minor please have parent list two references)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

### **\*Mandatory\* Please list someone we should contact in the case of an emergency:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

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

**SPECIAL EVENTS** Special Olympics Horse Show Fundraising Public Relations Photography/Video

**ADMINISTRATION** Newsletter Future Planning Volunteer Recruitment Grant Writing Budget & 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: \_\_\_\_\_

Signature of Parent/Guardian if minor: \_\_\_\_\_

*See other side please*

Office Use Only: Training date & type:	Start Date:

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

## Photo Release

I  DO  
 DO NOT

consent to and authorize the use and reproduction by The Right Path Riding Academy & PATH Int'l 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: \_\_\_\_\_

Signature of Parent/Guardian if minor: \_\_\_\_\_

## Background Information

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

Have you ever had your driver's license suspended? Yes [ ] No [ ]

Please Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_ (volunteer/staff), authorize The Right Path Riding Academy 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 PATH center, 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: \_\_\_\_\_

Signature of Parent/Guardian if minor: \_\_\_\_\_

CURRENT DRIVER'S LICENSE  Y  N LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

## Volunteer Liability Release

As a volunteer at "The Right Path Riding Academy", I acknowledge the risks and potential for risks of a horseback riding program. However, I feel that the possible benefits to me 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 "The Right Path Riding Academy", its board of directors, instructors, therapists, volunteers and/or employees for any and all injuries and/or losses I may sustain while participating in "The Right Path Riding Academy".

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian if minor: \_\_\_\_\_

## Policy Agreement

I have read, understand, and agree to abide by The Right Path Privacy and Confidentiality Policy, Conduct Policy, and Sidewalker/Leader Standards Policy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian if minor: \_\_\_\_\_

*This form shall remain in effect until otherwise notified in writing*