

Volunteer/Staff Information Form and Health History Page 1 of 2

General Information:

Name: _____ Date of Birth: _____

Email: _____ Phone: (H) _____ (C) _____

Address: _____

Employer/School: _____

Address: _____

Parent/Legal Guardian Name: _____ Best Phone: _____

Address if different than above: _____

How did you learn about the program? _____

Any previous experience with horses and/or individuals with special needs? Please describe. _____

Any skills or training that may benefit the program (Special Ed. P.T. marketing, fundraising.....)? Please describe. _____

If interested in working in classes, can you walk for 60 minutes and jog for short distances? _____

Check areas in which you are interested:

Program

- Tuesday riding classes
- Thursday riding classes
- Veteran's Programs

Special Events

- Horse Show
- Fundraising
-

Administration

- Publicity
- Grant Writing
- Volunteer Recruitment

Misc.

- Photography/Video
- Maintenance/Repairs
- Horse Care

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 and lifestyle changes.

Allergies: _____

Medications: _____

Last Tetanus Shot: _____ Tuberculosis Test + — Date: _____

(Consult your physician or local health department if you are not up to date with these shots/tests)

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/parent if a minor)

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Emergency Contact Information:

In the event of a medical emergency due to illness or injury, please contact:

Name: _____ Relationship _____

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

Address: _____

In the event that this person cannot be reached, please contact:

Name: _____ Relationship _____ Phone: _____

Name: _____ Relationship _____ Phone: _____

Physician's Name: _____ Phone: _____

Preferred Medical Facility _____

Health Insurance Co: _____ Policy #: _____

Photo Release *(Please check one box)*

I DO

I DO NOT

consent to and authorize the use and reproduction by Paradise Ranch 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: _____

(volunteer/staff or parent/ guardian in the case of a minor)

Confidentiality Agreement

Paradise Ranch will preserve the right of confidentiality for all individuals in its programs. The staff and volunteers will keep confidential all medical, social, personal, and financial information regarding a participant and his/her family.

I understand that all information (written and verbal) about participants, volunteers, & personnel at Paradise Ranch is confidential and will not be shared with anyone without the expressed written consent of the individual, his/her parent/guardian in the case of a minor or an adult under guardianship, and Paradise Ranch.

Signature: _____ Date: _____

(volunteer/staff or parent/guardian in the case of a minor)

Volunteer Liability Release

By signing below, I affirm that I understand as a volunteer at Paradise Ranch, I agree to release, discharge, and hold harmless all instructors, therapists, horse owners, staff and any and all other parties, agents, employees or representatives involved with Paradise Ranch from liability for all manner of claims, demands, and damages I may have, whether for property damage or personal injury, resulting from or in any way arising from my participation as a volunteer at Paradise Ranch.

Signature _____ Print Name _____ Date _____

Parent/Legal Guardian's signature if under 21 _____ Date _____

Date attended Volunteer Orientation/Training: _____

Date received Volunteer Manual: _____