



**Horses with Hearts, Inc.
Therapeutic Riding
Pleasant Ridge Farm, Martinsburg, WV**

Volunteer/Staff Information Form and Health History

GENERAL INFORMATION:

Name: _____ Date: _____

Address: _____

Email Address: _____

Date of Birth: _____ Phone (H): _____ Phone (W): _____

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

How did you learn about the program? _____

Emergency Contact Information: Name: _____ Relationship: _____

Phone #: _____ Cell #: _____

HEALTH HISTORY

Please list any health issues or conditions you feel we need to be aware of. (i.e., cardiac, respiratory, bone or joint function.)

Allergies: _____

Check which areas you are interested in:

Program

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

Special Events

- Horse Show
- Fundraising
- Special Olympics
- Trail Rides

Administration

- Public Relations
- Grant Writing
- Newsletter
- Volunteer Recruitment
- Photography/Video
- Budget & Finance
- Future Planning

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: _____

Form date 03/08 rev 1

(over)

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Name: _____

Address: _____

Phone: _____ Date of Birth: _____

Photo Release

- I DO
 DO NOT

Consent to and authorize the use and reproduction by Horses with Hearts, Inc.
(NARHA 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 Center.

Signature: _____ Date: _____

Background Information

Have you ever been charged with or convicted of a crime? Y___ N___; if yes, please explain _____

I, _____ (Volunteer/Staff), authorize Horses with Hearts, Inc. to receive
(Center)
information from any law enforcement agency, including police departments and sheriff 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 that I expressly DO NOT authorize the NARHA Center, its directors, officer, 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 expressed written consent of the participant and their parent/guardian in the case of a minor.

Signature: _____ Date: _____
(Volunteer/Staff)