Heavenly Gaits Therapeutic Riding Center, Inc.

Volunteer/Staff Information Form and Health History

General Information

Name: _____ Date: _____

Address: _____

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

Employer/School _____

Address: _____

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

_____

How did you learn about the program? _____

_____

Recent medical tests: Y / N 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 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

- o Sidewalking
- o Horse Handling
- o Stable Management
- o Facility Repairs

Special Events

- o Horse Show
- o Fundraising
- o Special Olympics
- o Trail Rides

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/caregiver; signed in presence of center staff)

Heavenly Gaits Therapeutic Riding Center, Inc.

Volunteer/Staff Information Form and Health History

Page 2

Name: _____ Date: _____

Address: _____

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

Background Information (Clearances must be provided upon request)

Have you ever been charged with or convicted of a crime? Y N Please explain: _____

_____

_____

I, _____(volunteer/staff), authorize Heavenly Gaits TRC, Inc._____

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 Heavenly Gaits TRC, Inc. 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 DRIVERS LICENSE Y N LICENSE NUMBER _____ State _____