



Volunteer Information Form and Health History

Community/Subdivision in which you live: _____
(i.e. Connestee Falls, See Off, Cedar Mountain, Dunns Rock, Little River, etc.)

Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Phone: _____ Cell: _____

Email Address: _____

Employer/School: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent/Legal Guardian Name and Address: _____

Emergency Contact Name: _____ Phone/Cell: _____

How did you learn about the program? _____

Have you worked with horses before? Yes____ No____ Please explain (i.e. saddle type, discipline, formal instruction, how recent, etc.) _____

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: _____

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)

Areas of interest (please circle your areas of interest):

Horse Leading	Grant Writing	Public Relations
Sidewalking with a student	Newsletter	Photography/Video
Barn Chores	Volunteer Recruitment	Strategic Planning
Fundraising Activities	Special Event Planning	Communication Technology
Other: _____		

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(s).

Signature: _____ Date: _____



Photo Release (circle one or check one if using electronic form)

I Do

I Do Not

Consent to and authorize the use and reproduction by Free Rein Center of any and all photographs and any other audio/visual materials taken of me for promotional material, education activities, exhibitions or for any other use for the benefit of the center.

Background Information:

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

Please explain: _____

I, _____ (volunteer/staff), authorize Free Rein Center for Therapeutic Riding and Education 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 conviction 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 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: _____