



Heroes on Horseback

Volunteer Information Form

Please complete online at: vol.hohbc.org

How Did You Learn About Our Program?

Name

First Name

Last Name

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Email

Primary Phone Number

Area Code

Phone Number

Secondary Phone Number

Area Code

Phone Number

Date of Birth

Employer/School

Emergency Contact Name

First Name

Last Name

Emergency Contact Phone Number

Area Code

Phone Number

What is your height?

Can you jog 50 yards?

Yes

No

Can You Lift 50 lbs?

Yes

No

What Days Are You Available (please click all that apply)?

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

What Times of Day Are Best For You?

Mornings

Afternoons

Health History

Check areas in which you are interested:

Horse Handling	Sidewalking	Stable Mgmt	Facility Repairs
Fundraising	Horse Shows	Trail Rides	Special Olympics
Public Relations	Grant Writing	Office Assistance	Board Member

Please give details about your own abilities and interests, or describe other ways you would like to help.

PHOTO RELEASE: Do you consent to and authorize the use and reproduction by HEROES ON HORSEBACK 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?

I Do Consent I Do Not Consent

BACKGROUND INFORMATION: Have you ever been charged with or convicted of a crime?

Yes No

If you answered "yes" above, please explain:

Do you authorize HEROES ON HORSEBACK 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 HEROES ON HORSEBACK, its directors, officers, employees or other volunteers to disseminate this information in any way to any other individual, group, agency, organization or corporation.

I Do I Do Not

CONFIDENTIALITY AGREEMENT: I understand that all information (written and verbal) about participants at HEROES ON HORSEBACK is confidential and will not be shared with anyone without the written consent of the participant or his/her parent/guardian in the case of a minor.

Yes No

The information provided above is accurate to the best of my knowledge. I know of no reason why I should not participate in the HEROES ON HORSEBACK program.

Type Name Here

First Name

Last Name

Date