

HOH Volunteer/Staff Information Form

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Phone: (Home) _____ (Cell) _____

Employer/School: _____ Are you retired? _____

Email Address: _____

Height: _____ Can you lift 50lbs? _____ Can you jog for 50 yards? _____

(If not, how much or how far?): _____

What days or times are you available? _____

How did you learn about the program? _____

Health History

Please describe any limitations that your health or physical condition place on your ability to fully participate in the demands of an equine related program. *(You will be assigned duties appropriate to your capability):*

Allergies/Medications: _____

Check areas in which you are interested:

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
- Office Assistance

Please give details about your own abilities and interests, or describe other ways you would like to help. *(You can continue on the other side if you need more space):*

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.

Signature: _____ Date: _____

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Emergency Contact Information

(1) Contact Name: _____

Relationship: _____ Phone: _____ Phone: _____

(2) Contact Name: _____

Relationship: _____ Phone: _____ Phone: _____

Photo Release

I DO

I DO NOT

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.

Signature: _____ Date: _____

Background Information

Have you ever been charged with or convicted of a crime? YES NO *If "YES" Please*

explain: _____

I, _____, 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.

Signature: _____ Date: _____

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.

Signature: _____ Date: _____