



RISE UP
Therapeutic Horsemanship
PO Box 95
Canandaigua, NY 14424
riseuphorsemanship@gmail.com

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Volunteer/Staff Information Form and Health History

General Information

Name: _____ Date: _____

Address: _____

Employer/School: _____

~~Work Address:~~ **EMAIL:** _____

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

Parent/Legal Guardian Name and Address: _____

How did you learn about the program? _____

Recent Medical Tests: _____ Last Tetanus Shot: _____ Tuberculosis Test + - Date: _____

Health History

Please describe your current health status particularly regarding the physical/emotional demands of working in a therapeutic riding program. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalization/surgeries, or lifestyle changes.

Allergies: _____

Medications: _____

Check which areas you are interested in:

- | | | |
|---|--|--|
| <input type="checkbox"/> Program | <input type="checkbox"/> Special Events | <input type="checkbox"/> Administration |
| <input type="checkbox"/> Horse Handling | <input type="checkbox"/> Horse Show | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Sidewalking with a Student | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Grant Writing |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Special Olympics | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Special Events | <input type="checkbox"/> Volunteer Recruitment |
| | | <input type="checkbox"/> Photography/Video |
| | | <input type="checkbox"/> Budget & Finance |
| | | <input type="checkbox"/> 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.

X Signature: _____ Date: _____

(volunteer/staff: signed in presence of center staff)



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Name: _____

~~Address:~~ _____

Date of Birth: _____ ~~Phone:~~ _____

Photo Release:

I DO

I DO NOT

consent to and authorize the use and reproduction by _____

(PATH Intl. 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 program.

Signature: _____ Date: _____

Background Information

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

I, _____ (volunteer/staff), authorize _____ (center) to receive information from any law enforcement agency, including police departments and sheriff's departments, of this state of 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.

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 Intl. 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: _____

(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 PATH Intl. center is confidential and will not be shared with anyone with the express written consent of the participant and their parent/guardian in the case of a minor.

* Signature: _____ Date: _____

(volunteer/staff)