



Volunteer/Staff Information Form and Health History

General Information

Name: _____ Date: _____

Address: _____

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

Employer/School: _____

Address: _____

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

How did you learn about the program? _____

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)

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: _____

Check areas in which you are interested:

<u>Program</u>	<u>Special Events</u>	<u>Administration</u>	
<input type="checkbox"/> Horse Handling	<input type="checkbox"/> Horse Show	<input type="checkbox"/> Public Relations	<input type="checkbox"/> Volunteer Recruitment
<input type="checkbox"/> Sidewalking With a Student	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Grant Writing	<input type="checkbox"/> Photography/Video
<input type="checkbox"/> Stable Management	<input type="checkbox"/> Special Olympics	<input type="checkbox"/> News Letter	<input type="checkbox"/> Future Planning
<input type="checkbox"/> Facility Repairs		<input type="checkbox"/> Budget & Finance	

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 IWWH staff)

Staff Initials: _____

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Name: _____

Address: _____

Phone: _____ Date of Birth: _____

Photo Release:

I DO

DO NOT

consent to and authorize the use and reproduction by If Wishes Were Horses Foundation 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 If Wishes Were Horses Foundation 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 If Wishes Were Horses Foundation, 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 If Wishes Were Horses Foundation is confidential and will not be shared with anyone without the expressed written consent of the participant and his/her parent/guardian in the case of a minor.

Signature: _____ Date: _____
(volunteer staff caregiver; signed in presence of IWWH staff) Staff Initials: _____