



Therapeutic Riding Center

Volunteer Information Form

Name: _____ Date: _____

Address: _____

E-mail Address: _____

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

Parent/Legal Guardian Name and Address: _____

How did you hear about our 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, bone or joint function, recent hospitalization/surgeries or lifestyle changes.

Allergies: _____

Medications: _____

Check areas you are interested in:

Program:

- Horse handling
- Side walking with a student
- Stable management
- Facility Repairs

Special Events:

- Fundraising
- Trail Rides
- Horse shows

Administration:

- Public Relations
- Grant Writing
- Newsletter
- Volunteer Recruiting
- Photography/video

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: _____

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Photo Release

I **Do**

I **Do Not**

Consent to and authorize the use and reproduction by Willow Wood Ranch 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), authorize Willow Wood Ranch to receive information from any law enforcement agency, including the 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.

I understand that such access is for the purpose of considering my application as a volunteer, and that I expressly DO NOT authorize Willow Wood Ranch, 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: _____

CURRENT DRIVER'S LICENSE Y N **LICENSE NUMBER** _____
State _____

Confidentiality Agreement

I understand that all information (verbal or written) about participants at Willow Wood Ranch is confidential and will not be shared with anyone without express written consent of the participant and their parent/guardian in the case of a minor.

Signature: _____ Date: _____