



Volunteer/Staff Information Form and Health History

General Information

Name: _____ Date: _____

Address: _____

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

(Cell) _____

Email**: _____

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:

Program

Horse Handling

Sidewalking with a Student

Special Events

Horse Show

Fundraising

Administration

Public Relations

Grant Writing

Photography/Video

Budget & Finance

Stable Management

Special Olympics

Newsletter

Future Planning

Facility Repairs

Trail Rides

Volunteer Recruitment

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: _____

Notes:

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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 Heads Up Special Riders, Inc 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 Heads Up Special Riders, Inc. 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 Heads Up Special Riders, Inc. 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 without the expressed written consent of the participant and his/her parent/guardian in the case of a minor.

Signature: _____ Date: _____
(volunteer/staff)

Release and Hold Harmless Agreement

The Undersigned assumes the risks inherent in all horse-related activities (N.J.S.A 5:15-1 et seq.), including but not limited to bodily injury, physical harm and death to horse, rider, and spectator. In consideration, therefore, for the privilege or riding and/or working around horses at Heads Up Special Riders, Inc and Hasty Acres, located at 121 Laurel Ave, Kingston, NJ, the Undersigned does hereby agree to assume the inherent risks of equine related animal activities and hold harmless and indemnify and defend Heads Up Special Riders, Inc and Hasty Acres and volunteers and its employees, and further release them from any liability or responsibility for accident, damage, injury, death, or illness to the Undersigned or to any family members or spectator accompanying the Undersigned on the premises. Further, the Undersigned agrees to hold harmless and indemnify Heads Up Special Riders, Inc and Hasty Acres and volunteers and its employees from theft, loss, or damage of the Undersigned's personal property.

I, _____, assume responsibility for **myself/child**, if child name here: _____ to ride horseback at Heads Up Special Riders, Inc and Hasty Acres. I understand that Heads Up Special Riders, Inc and Hasty Acres and volunteers nor its employees will be held responsible for accidents to persons, property, or animals, illnesses, injuries, or death connected with **my/my child's** horseback riding and working around horses. Further, I will not hold Heads Up Special Riders, Inc and Hasty Acres and volunteers, or its employees responsible for any theft, loss, or damage to personal property owned by the Undersigned.

I have read this agreement.

Date _____

Signature _____

Name (print clearly) _____

Address _____

Zip _____ Phone _____