

 Prancing Horse, Inc

 Center for Therapeutic Horsemanship

PO Box 327, Southern Pines, NC 28388

www. Prancing-horse.org (910)281-3223

**Volunteer/Staff Information Form and Health History**

**General Information**

Name: Date:

Mailing Address: \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Email:

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 Special Events Administration

❏ Lesson volunteer ❏ Barn Dance ❏ Public Relations ❏ Photography/Video

❏A Bit Used Tack Store ❏ Horse Farm Tour ❏ Grant Writing ❏ Budget & Finance

 ❏ Newsletter ❏ Future Planning

 ❏ 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:

 *(volunteer/staff/caregiver; signed in presence of center staff)*

**Volunteer/Staff Information Form and Health History**

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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

 (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 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 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 without the expressed written consent of the participant and his/her parent/guardian in the case of a minor.

 Signature: Date:

 *(volunteer/staff)*