

Tack Up Therapeutic Riding, Inc.
Litchfield, OH 44253
ride@tackuptr.org
(330) 267-9902

Volunteer/Staff Information Form and Health History

Name: _____ Date: _____

Address: _____

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

Employer/School/Address _____

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

Commitment Level? Weekly _____ As Needed _____ Temporary (fulfilling community service hours) _____

Do you have experience with horses? _____ If so, please specify _____

Do you have any other skills or training, which may be of benefit to a volunteer program? _____

How did you learn about the program? _____

Check areas in which you are interested:

Program

- Horse Handling
- Sidewalking with a Student
- Stable Management
- Facility Repairs

Special Events

- Horse Show
- Fundraising
- Special Olympics
- Trail Rides

Administration

- Public Relations
- Grant Writing
- Newsletter
- Volunteer Recruitment
- Photography/Video
- Budget & Finance
- Future Planning

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: _____

Recent medical tests: _____ Last Tetanus Shot: _____ Tuberculosis Test + — Date: _____

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

DO NOT

consent to and authorize the use and reproduction by Tack Up Therapeutic Riding, 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 Tack Up Therapeutic Riding, 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 Tack Up Therapeutic Riding, 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 Tack Up Therapeutic Riding, Inc. 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)