

H.H.T.L.C VOLUNTEER INFORMATION FORM and HEALTH HISTORY

General Information

Name _____ Preferred Phone _____ Alternate Phone _____

Address _____ City _____ State _____ Zip _____

E Mail _____ Emergency Phone _____ Date of Birth ___/___/___ Height ___ft. ___in.

Employer/School _____ Address _____

Parent/Legal Guardian Name and Address (if under 18 years of age): _____

Any experience with horses? (Please specify.) _____

Any experience with people with disabilities? _____

What do you hope to get out of volunteering? _____

Please check areas in which you are most interested:

<u>Program</u>	<u>Special Events</u>	<u>Administration</u>
<input type="checkbox"/> Side walker (helps rider during lessons) <input type="checkbox"/> Horse Leader (leads horses during lessons - MUST have experience with horses) <input type="checkbox"/> Assist with horse care (grooming, stall cleaning, etc. mostly off-season: winter/early spring) <input type="checkbox"/> Ring and grounds maintenance (fence painting, etc.) <input type="checkbox"/> Cleaning the classroom and restroom	<input type="checkbox"/> Fundraising <input type="checkbox"/> Walk-A-Thon <input type="checkbox"/> Trail Rides	<input type="checkbox"/> Public Relations <input type="checkbox"/> Grant Writing <input type="checkbox"/> Newsletter <input type="checkbox"/> Volunteer Recruitment <input type="checkbox"/> Board Member <input type="checkbox"/> Photography/Video

Please check below the session(s), evening(s), and hours you would be available to volunteer for lessons on a regular basis. We ask for a minimum commitment of one eight week session.

<u>Session 1 (May 1 – June 28, 2017)</u>	<u>Session 2 (July 10–Aug. 30, 2017)</u>	<u>Session 3 (Sept. 11 – Oct. 25, 2017)</u>
<input type="checkbox"/> Mon. 5 – 6 p.m. <input type="checkbox"/> Wed. 5 - 6 p.m. <input type="checkbox"/> Mon. 6 – 7 p.m. <input type="checkbox"/> Wed. 6 - 7 p.m. <input type="checkbox"/> Mon. 7 – 8 p.m. <input type="checkbox"/> Wed. 7 - 8 p.m.	<input type="checkbox"/> Mon. 5 – 6 p.m. <input type="checkbox"/> Wed. 5 - 6 p.m. <input type="checkbox"/> Mon. 6 – 7 p.m. <input type="checkbox"/> Wed. 6 - 7 p.m. <input type="checkbox"/> Mon. 7 – 8 p.m. <input type="checkbox"/> Wed. 7 - 8 p.m.	<input type="checkbox"/> Mon. 5 – 6 p.m. <input type="checkbox"/> Wed. 5 – 6 p.m. <input type="checkbox"/> Mon. 6 – 7 p.m. <input type="checkbox"/> Wed. 6 – 7 p.m. <input type="checkbox"/> Mon. 7 – 8 p.m. <input type="checkbox"/> Wed. 7 – 8 p.m.
<input type="checkbox"/> MY AVAILABILITY IS LIMITED. PLEASE PUT ME ON THE SUBSTITUTE LIST ONLY.	<input type="checkbox"/> IN ADDITION TO THE DAYS/HRS. INDICATED, PLEASE PUT ME ON THE SUBSTITUTE LIST FOR THE FOLLOWING TIMES _____	

Health History

Last Tetanus Shot: ___/___/___ Tuberculosis Test + — Date: _____ \ (Consult your physician or local health department if you are not up to date with these shots/tests)

Please circle any current or past health condition:

Asthma Emphysema High Blood Pressure Low Blood Pressure Diabetes Tuberculosis

Chronic Back Pain Heart Disease Depression Migraines Hepatitis Recent Fracture or Surgery

Other Illness or Medical Condition _____

Allergies _____

Medications _____

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Background Information

Have you ever been charged with or convicted of a crime? N Y If yes, please explain _____

I, _____ (volunteer) authorize Horses & Horizons Therapeutic Learning Center, 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 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 a volunteer, and that I expressly DO NOT authorize Horses & Horizons Therapeutic Learning Center, 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)

DRIVER'S LICENSE NUMBER _____ STATE _____

References:

1. Name _____ Address _____

Phone _____ Email Address _____

2. Name _____ Address _____

Phone _____ Email Address _____

3. Name _____ Address _____

Phone _____ Email Address _____

Photo Release:

I ___ Do ___ Do Not consent to and authorize the use and reproduction by Horses & Horizons Therapeutic Learning Center, 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 center.

I ___ Do ___ Do Not consent to having HHTLC share my email address with other volunteers for the purpose of obtaining a lesson substitute. Your email address will not be shared with anyone else for any other purpose.

Signature _____ Date ___/___/___
(Volunteer)

How did you learn about Horses & Horizons? Newspaper _____ Flyer _____
(Which one?) (Where?)

Other _____

Acknowledgement

I understand that the information I have provided on these two pages 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)