

On Eagles' Wings Therapeutic Horsemanship Center  
**Volunteer/Staff Information Form and Health History (page 1)**  
**General Information**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ Email \_\_\_\_\_

Employer/School: \_\_\_\_\_

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

Parent/Legal Guardian/Caregiver Name/Address/Email/Phone No. \_\_\_\_\_

How did you learn about the program? \_\_\_\_\_

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 in helping out:

- |  |                                      |  |  |
|--|--------------------------------------|--|--|
| <input type="checkbox"/> Horse Handling    | <input type="checkbox"/> Horse Show  | <input type="checkbox"/> Public Relations      | <input type="checkbox"/> Photography/Video |
| <input type="checkbox"/> Sidewalking       | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Grant Writing         | <input type="checkbox"/> Budget & Finance  |
| <input type="checkbox"/> Stable Management | <input type="checkbox"/> Newsletter  | <input type="checkbox"/> Future Planning       |  |
| <input type="checkbox"/> Facility Repairs  | <input type="checkbox"/> Trail Rides | <input type="checkbox"/> 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 (page 2)

Name: \_\_\_\_\_ Email: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Photo Release

I DO  
DO NOT

consent to and authorize the use and reproduction by On Eagles' Wings Therapeutic Horsemanship 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 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 center is confidential and will not be shared with anyone without the expressed written consent of the participant and their parent/guardian in the case of a minor.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(volunteer/staff)