



# Volunteer Information Form

## General Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Employer/School: \_\_\_\_\_  
Address: \_\_\_\_\_  
Parent/Legal Guardian/ Caregiver Name/ Address/ Phone Number: \_\_\_\_\_  
How did you learn about the program? \_\_\_\_\_  
Last Tetanus Shot: \_\_\_\_\_ TB Test: Positive Negative 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 with an equine- assisted program. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries or lifestyle changes.

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Allergies:

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Medications:

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**Current Equine Experience**

Please describe your past and current experience handling equines.

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**Experience with Individuals with a Disability**

Please describe your experience working with individuals with a disability.

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**Reason for Wanting to Volunteer**

Please describe why you wish to volunteer with us.

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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 as a volunteer in this riding program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Photo Release and Background Information

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

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Photo Release

I (volunteer) \_\_\_\_ DO

I (volunteer) \_\_\_\_ DO NOT

Consent to and authorize the use and reproduction by White Horse Equine Assisted Services, LLC 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) authorize White Horse Equine Assisted Services, LLC 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 a volunteer, and I expressly DO NOT authorize White Horse Equine Assisted Services, LLC to disseminate this information in any way to any other individual, group, agency, organization or corporation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CURRENT DRIVER'S LICENSE   Y   N   License Number: \_\_\_\_\_

### **Confidentiality Agreement**

I understand that all information (written and verbal) about riders participating in this riding program 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 Dismissal**

If a volunteer does not comply with our policies and procedures, White Horse Equine Assisted Services, LLC reserves the right to dismiss any volunteer from the program for any reason.

I understand that I can be asked to discontinue my volunteer duties for any reason.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_