

Riverwood Therapeutic Riding Center

6825 Rollingview Drive
Tobaccoville, NC 27050
(336) 922-6426

Volunteer/Staff Information Form and Health History

How did you learn about the program: Flyer____ Newspaper____ Friend____ Social Media____

General Information

Name: _____ Date: _____

Address: _____ City: _____

State, Zip: _____ Date of Birth: _____

Primary Phone: _____ Alternative Phone: _____

E-mail Address: _____

Occupation: _____ Employer: _____

Parent/Legal Guardian Name and Address (if minor): _____

What type of experience have you had with horses (if any)? _____

Have you volunteered/worked with any other therapeutic riding programs? _____ If yes, please explain responsibilities. _____

References (Please provide two employment/volunteer or personal references)

Name: _____ Name: _____

Phone: _____ Phone: _____

Type: Work____ Volunteer____ Personal____ Type: Work____ Volunteer____ Personal____

What days/times are you available to volunteer/work? _____

Health History

Please describe your current health status, particularly regarding the physical/emotional demands of working in an equine assisted program and that we should be aware of in case of an emergency. Do you have any physical limitations that would prevent you from leading a horse, sidewalking with a rider, walking on trails, or helping in an emergency situation?

Allergies: _____

Medications: _____

Riverwood Therapeutic Riding Center recommends that all volunteers/staff have an up to date tetanus shot. (Please consult your physician or local health department if you are not up to date with this shot)

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Name: _____

Background Information

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

Riverwood reserves the right to request a background check on all volunteer applicants.

Check which areas you are interested in:

- | <u>Program</u> | <u>Special Events</u> | <u>Administration</u> | |
|---|--------------------------------------|--|---|
| <input type="checkbox"/> Horse handling | <input type="checkbox"/> Horse Show | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Photography/Video |
| <input type="checkbox"/> Sidewalking with a student | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Board of Directors |
| <input type="checkbox"/> Stable management | <input type="checkbox"/> Trail Rides | <input type="checkbox"/> Newsletter | |
| <input type="checkbox"/> Facility Repairs | | <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 or parent/legal guardian if volunteer/staff is a minor)

Photo Release

- I
- DO
 - DO NOT

Consent to and authorize the use and reproduction by Riverwood Therapeutic Riding Center of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, and exhibitions or for any other use for the benefit of the center.

Signature: _____ Date: _____
(Volunteer/staff or parent/legal guardian if volunteer/staff is a minor)

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 express written consent of the participant and his/her parent/guardian in the case of a minor.

Signature: _____ Date: _____
(Volunteer/staff or parent/legal guardian if volunteer/staff is a minor)

For Office Use:
Database _____
Email _____

For Office Use:
Database _____
Email _____