



VOLUNTEER/STAFF INFORMATION FORM AND HEALTH HISTORY

General Information

Name: _____

Date: _____

Address: _____

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

Employer/School: _____

Address: _____

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

How did you learn about the program? _____

Health History _____

Allergies: _____

Medications: _____

Check areas in which you are interested:

Program	Special Events	Administration	
Horse Handling	Horse Show	Public Relations	Photography/Video
Side walking	Fundraising	Grant Writing	Budget & Finance
Stable Management	Special Olympics	Newsletter	Future Planning
Facility Repairs	Trail Rides	Volunteer Recruitment	Social Media

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)

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Name; _____

Address: _____

Phone: _____ Date of Birth: _____

Photo Release: I DO _____ I DO NOT _____

Consent to and authorize the use and reproduction by **Hosanna Horse Haven** 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 **Hosanna Horse Haven**, 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 Hosanna Horse Haven, 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 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: _____