



Today's Date: _____

Volunteer / Staff Information Form and Health History

General information:

Name: _____ Date: _____

Street Address, City, Zip: _____

Email address: _____

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

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

How did you learn about the program? _____

Recent medical tests: 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 a therapeutic riding / carriage driving program. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries, or lifestyle changes.

Allergies: _____

Medications: _____

Check which areas you are interested in:

Program

- Horse handler
- Ground support
- Carriage groom / student assistant
- Carriage driver (min 50 hrs driving)
- Facility support and/or tack repair
- Horse buddy (requires horse exp or 25 hrs volunteering)
- Arts & crafts
- Safety lead

Special Events

- Clinics / day camps
- Fundraising
- Horse shows / demos
- Volunteer "work days"

Administration

- Public relations
- NARHA admin
- Center operations
- Marketing / communications
- Volunteer recruitment / coordinating
- Student coordinating
- Newsletter
- Grant writing
- Graphics / web

Day(s) Available:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

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 guardian; signed in presence of center staff)

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Name: _____

Background information:

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

I, _____ (*volunteer/staff member*), authorize Driving Magic, 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 criminal laws, including but not limited to convictions for crimes committed upon children.

I understand that such access is for the purpose of considering my application an employee/volunteer, and that I expressly DO NOT authorize Driving Magic, 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/staff or guardian)

Current Driver's License Y N License Number: _____ State: _____