

TROT
Therapeutic Riding of Temecula



951 326-6464

Touch a Miracle

www.TROTwithhorses.com

Volunteer/Staff Information Form and Health History

General information

Name: _____ Date: _____

Address: _____

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

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

How did you learn about the program?

Recent medical tests:

Last Tetanus Shot: _____ Tuberculosis Test: pos/neg 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 which areas you are interested in:

Program

- Horse Handling
- Sidewalking with Student
- Stable Management
- Facility Repairs
- Tack Upkeep

Special Events

- Horse Show
- Special Olympics
- Trail Rides

Administration

- Public Relations
- Fundraising
- Grant Writing
- Budget & Finance
- Newsletter/Web/Office
- Future Planning
- 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/parent or guardian; signed in presence of center staff)

Confidentiality Agreement

I understand that all information (written and verbal) about participants at this NARHA 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)

Background Information

Have you ever been charged with or convicted of a crime? Y N

Please explain _____

I, _____ (volunteer/staff), authorize **Therapeutic Riding of Temecula (TROT)** 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 that I expressly DO NOT authorize the NARHA center, its

directors, officers, employees, or other volunteers to disseminate this information (center) 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 _____