

INFORMATION FORM AND HEALTH HISTORY



General Information

Name: _____ Date: _____
 Address: _____ DOB: _____
 _____ Email: _____
 City/State/Zip

Home Phone (_____) _____ Cell Phone (_____) _____

If under 18, Name of Parent/Legal Guardian/Caregiver Name/Address/Phone Number

Health History

Please describe your current health status, particularly regarding the physical/emotional demands of working in an equine assisted program. Please note any hospitalizations/surgeries or lifestyle changes that may be relevant.

Availability – Please check the days of the week that you would be available and willing to volunteer:

	AM	PM
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Check other areas of interest:

Program

- ___ Horse Handling
- ___ Sidewalking
- ___ Stable Management
- ___ Facility Repairs
- ___ Barn Work/Horse Care

Special Events

- ___ Horse Show
- ___ Special Olympics
- ___ Trail Rides
- ___ Fundraisers

Administration

- ___ Fund Raising
- ___ Grant Writing
- ___ Newsletter
- ___ Volunteer Recruitment

- ___ Photography/Video
- ___ Future Planning
- ___ Filing/Office Work



Background Information

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

Please explain:

I, _____, authorize SETC to obtain 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 the NARHA center, its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization, or corporation.

The information provided 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: _____

CURRENT DRIVER'S LICENSE Y N

LICENSE NUMBER _____ STATE _____

VOLUNTEER EMERGENCY MEDICAL TREATMENT AUTHORIZATION



Name: _____ Date: _____

Address: _____ DOB: _____

City/State/Zip

Home Phone (_____) _____ Cell Phone (_____) _____

Physician's Name: _____ Preferred Medical Facility: _____

Health Insurance Company: _____ Policy # _____

Allergies to medications: _____

Current medications: _____

In the event of an emergency contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Consent Plan

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize SETC to:

1. Secure and retain medical treatment and transportation if needed.
2. Release client records upon request to the authorized individual or agency involved in the treatment.

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached

Date: _____ Consent Signature: _____

Client, Parent or Legal Guardian

Non-Consent Plan

I do not give my consent for emergency medical treatment/aid in case of illness or injury while being on SETC property.

- Parent or legal guardian will remain on site at all times during equine assisted activities.
- In the event emergency treatment/aid is required, I wish the following procedure to take place:

Date: _____ Non-Consent Signature: _____

Client, Parent or Legal Guardian

VOLUNTEER RELEASE AGREEMENT



LIABILITY

The undersigned, for good and valuable consideration received from or on behalf of the Special Equestrians of the Treasure Coast, Inc. the receipt and sufficiency of which is hereby acknowledged, does hereby remise, release, acquit, satisfy and forever discharge and hold harmless the Special Equestrians of the Treasure Coast, Inc. its officers, directors, trustees, agents, employees, representatives, successors and assigns (collectively "SETC"), of and from any and all manner of action and actions, causes and causes of action, suits, debts, dues, sums of money, accounts, reckonings, bonds, bills, specialties, covenants, contracts, controversies, agreements, promises, variances, trespasses, damages, judgments, executions, claims, benefits, rights and demands whatsoever, in law or in equity, of whatever nature or kind, known or unknown, which the undersigned may now, or in the future, have against SETC on account of any personal injury, physical or mental condition or any other damage, known or unknown, to the undersigned and the treatment thereof, as a result of, or in any way growing out of the acts of SETC, including, but not limited to their negligence or gross negligence or as a result of any other action or activity engaged in by the undersigned in any way involving relationship with the Special Equestrians of the Treasure Coast.

NEWS AND PHOTOS

The undersigned hereby grants to SETC, permission to take or have taken still and moving photographs and films, including television pictures of myself/son/daughter/spouse. I consent and authorize SETC to use and reproduce the photographs, films, pictures, and to circulate and publicize the same by all means, including without limiting media, brochures, pamphlets, instructional material, books, clinical material, newspapers, magazines, and the internet.

With respect to the foregoing matters, no inducements or promises have been made to us/me to secure my signature(s) to this release other than the intention of SETC to use or cause to be used such photographs, films and pictures for the primary purpose of promoting and aiding SETC and its work.

CONFIDENTIALITY

Any information in regards to the participants at SETC must be held in strict confidentiality. Confidentiality is defined as "told in secret or private relations; trusted." Your signature below confirms that you will abide by this policy.

WARNING

Under Florida law, an equine activity sponsor or equine professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities.

Dated this _____ day of _____, _____.

Printed Name

Signature

Parent/Guardian (if applicable)