



# Therapeutic Equestrian Center

537 Northampton Street

Holyoke, MA 01040

413-532-1462

www.equestriantherapy.org

## Volunteer Information Form and Health History

### General Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Email: \_\_\_\_\_

Employer/School: \_\_\_\_\_

Address: \_\_\_\_\_

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

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 an equine assisted program. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries, or lifestyle changes.

\_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

### Check areas in which you are interested:

#### Program

- Horse Handling
- Sidewalking with a Student
- Stable Management
- Facility Repairs

#### Special Events

- Horse Show
- Fundraising
- Special Olympics
- Trail Rides

#### Administration

- Public Relations
- Grant Writing
- Newsletter
- Volunteer Recruitment
- Photography/Video
- Budget & Finance
- Future Planning

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*

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Name: \_\_\_\_\_

## Photo Release

- DO  
 DO NOT

consent to and authorize the use and reproduction by The Therapeutic Equestrian Center (TEC) 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: \_\_\_\_\_  
*Client, Parent or Legal Guardian*

## Liability Release

\_\_\_\_\_ (name) would like to participate in the Therapeutic Equestrian Center's program. I acknowledge the risks and potential risks of a horseback riding program. However, I feel that the benefits are greater than the risks assumed. I hereby, intending to be legally bound, waive and release forever all claims for damages against The Therapeutic Equestrian Center, its Board of Directors, Executive Director, Instructors, Therapists, Aides, Volunteers and/or Employees for any and all injuries and/or losses sustained while participating in TEC's program. Under Massachusetts law, an equine professional is not liable for injury to, or the death of, a participant in equine activities resulting from the inherent risk of equine activities pursuant to *Section 2D of Chapter 128* of the General Laws.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Client, Parent or Legal Guardian*

## Background Information

Have you ever been charged with or convicted of a crime? Y N if Y Please explain \_\_\_\_\_

I, \_\_\_\_\_ (volunteer/staff), authorize TEC 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 the PATH center, 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*

## 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*