



## Volunteer/Staff Information Form and Health History

### General Information

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

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

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

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

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

How did you learn about the program? \_\_\_\_\_

### Health History

Physicians Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

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: \_\_\_\_\_

Describe any medical condition requiring special precautions or treatment and any medications and dosage: (A) None (B) Condition: \_\_\_\_\_

Medication and dosage: \_\_\_\_\_

Preferred Medical Facility: \_\_\_\_\_

In the event of emergency, contact:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event emergency medical aid/treatment is required due to illness or injury during the process of volunteering in the program or while being on the property of Lander University Equestrian Center, I authorize LUEC to secure and retain medical treatment and transportation if needed. I authorize LUEC to release client records upon request to the authorized individual or agency involved in the medical emergency 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: \_\_\_\_\_

I DO NOT give my consent for emergency medical treatment/aid in the case of illness or injury during the process of volunteering or while being on the property of Lander University Equestrian Center.

Date: \_\_\_\_\_ NON-Consent Signature: \_\_\_\_\_



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### **Check areas in which you are interested:**

- |   |   |  |
|---|---|--|
| <u>Program</u>  | <u>Special Events</u>                     | <u>Administration</u>                          |
| <input type="checkbox"/> Horse handling (Experience required) | <input type="checkbox"/> Horse shows      | <input type="checkbox"/> Public relations      |
| <input type="checkbox"/> Side walking                         | <input type="checkbox"/> Fundraising      | <input type="checkbox"/> Grant writing         |
|   | <input type="checkbox"/> Special Olympics | <input type="checkbox"/> Newsletter            |
|   |   | <input type="checkbox"/> Volunteer recruitment |
|   |   | <input type="checkbox"/> Photography/Video     |
|   |   | <input type="checkbox"/> Future planning       |

### **Photo Release**

DO       DO NOT

consent to and authorize the use and reproduction by Lander University Equestrian Center of any and all photographs and any other audio/visual materials taken of me for promotional materials, educational actives, exhibitions or for any other use of 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 Lander University Equestrian Center to receive information from any law enforcement agency, including police departments and sheriff's departments, of that 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 the 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 Lander University Equestrian Center, its directors, officers, employees or other volunteers to disseminate this information in any way to any other individual, group, agency, origination, or corporation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CURRENT DRIVER'S LICENSE Y   N   LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

### **Confidentiality Agreement**

I understand that all information (written and verbal) about participants at the Lander University Equestrian Center is confidential and will not be shared with anyone without the expressed written consent of the participant and his/her parent/guardian in the case of a minor:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_