



# STAFF + VOLUNTEER INFORMATION FORM

Date of Application \_\_\_\_\_

## GENERAL INFORMATION

Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone #:  Cell: \_\_\_\_\_  Home: \_\_\_\_\_  Work: \_\_\_\_\_

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

Currently employed or in school?  Yes  No

Currently Employed Employer Name: \_\_\_\_\_

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

Currently in School School Name: \_\_\_\_\_

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

Parent/Legal Guardian Name (if under 18): \_\_\_\_\_

Phone #:  Cell: \_\_\_\_\_  Home: \_\_\_\_\_  Work: \_\_\_\_\_

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

How did you learn about the program?  Current Student: \_\_\_\_\_

Current Staff: \_\_\_\_\_

Current Volunteer: \_\_\_\_\_

Friend/Family: \_\_\_\_\_

Social Media: \_\_\_\_\_

Other: \_\_\_\_\_

## HEALTH HISTORY

Please describe your current health status, particularly regarding the physical/emotional demands of working in a therapeutic riding program. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalization/surgeries, or lifestyle changes:

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

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

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:** \_\_\_\_\_

## BACKGROUND INFORMATION

Have you ever been charged with or convicted of a crime?  Yes  No

If yes, please provide additional information below:

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**Current Driver's License**  Yes  No **State:** \_\_\_\_\_ **License Number:** \_\_\_\_\_

I, \_\_\_\_\_ (*volunteer/staff*), authorize **Crossing Bridges Therapeutic Riding Center** (TRC) 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 as an employee/volunteer, and that I expressly DO NOT authorize **Crossing Bridges TRC**, 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:** \_\_\_\_\_

## CONFIDENTIALITY AGREEMENT

I understand that all information (written and verbal) about participants at **Crossing Bridges Therapeutic Riding Center** is confidential and will not be shared with anyone without the express written consent of the participant and their parent/guardian in the case of a minor.

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

## PHOTO RELEASE

I DO /  I DO NOT (check one) consent to authorize the use and reproduction by **Crossing Bridges Therapeutic Riding Center** 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: \_\_\_\_\_

## T-SHIRT

Crossing Bridges T-Shirts are available for purchase at \$15/each, all proceeds go to the program.

Would you like to purchase a t-shirt?  Yes  No

If yes, please indicate which color and size you will need:

**COLOR:**

- Purple
- Gray

**SIZE:**

Youth:

- Small
- Medium
- Large

Adult:

- Small
- Medium
- Large
- X-Large
- XX-Large
- XXX-Large