



VOLUNTEER/STAFF INFORMATION FORM

Date of Application _____

GENERAL INFORMATION

Name _____ Date of Birth _____

Phone (H) _____ (W) _____

Address _____

Employer/School _____

Work Address _____

Parent/Legal Guardian Name _____

Parent/Legal Guardian Address _____

How did you learn about the program? _____

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:

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 _____

PHOTO RELEASE

I DO /I DO NOT (circle 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 _____

BACKGROUND INFORMATION

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

I, _____ (volunteer/staff), authorize **Crossing Bridges Therapeutic Riding Center** 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 Therapeutic Riding 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 _____

Current Driver's License Y N State _____

License Number _____

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 _____

T - SHIRT

If you are interested in a 'Crossing Bridges' T-shirt please indicate which size you will need. Price will be \$15.00 and proceeds go to the riding center.

Color (circle one)

PURPLE GRAY

Size (circle one)

Youth Sizes: Small Medium Large

Adult Sizes: Small Medium Large XL 2XL 3XL