

**CAN-TR AT Laurel Ridge**

**Volunteer/Staff Information & Consent Form**

First Name \_\_\_\_\_ MI: \_\_\_\_\_ Last Name \_\_\_\_\_

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

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

Email: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Employer/School: \_\_\_\_\_ Occupation/Title: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about our organization? \_\_\_\_\_

Do you have horse experience? \_\_\_\_\_

**Reference (Please provide two employment/ volunteer or personal references)**

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

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Type: Work \_\_\_ Volunteer \_\_\_ Personal \_\_\_      Type: Work: \_\_\_ Volunteer: \_\_\_ Personal: \_\_\_

What days/times are you available to volunteer? \_\_\_\_\_

**Background Information:** Have you ever been charged with or convicted of a crime? No YES

If YES, explain: \_\_\_\_\_

I, \_\_\_\_\_, ( volunteer) authorize \_\_\_\_\_ 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, 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 a volunteer.

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

*(Parent or Legal Guardian if volunteer is under the age of 18)*

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### Photo Release

I Do \_\_\_ or I Do Not \_\_\_ consent to and authorize the use and reproduction by the \_\_\_\_\_ program of any and all programs and any other audio/visual materials taken of me for promotional material, education activities, exhibitions, or for any other use for the benefit of the program.

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

*(Signature or Legal guardian if volunteer is under the age of 18)*

### Liability Release

As a volunteer at the \_\_\_\_\_ program, I acknowledge the risks and potential for risks of a horseback riding program, however, I feel that the possible benefits to me and the clients with whom I work are greater than the risks assumed. I hereby, intending to be legally bound for myself, my heirs and assigns, executors, or administrators, waive and release forever all claims for damages against the \_\_\_\_\_ program, its Board of Directors, instructors, therapists, volunteers, and/or employees for any and all injuries and/or losses I may sustain while participating in the \_\_\_\_\_ program.

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

*(Parent or Legal Guardian if volunteer is under the age of 18)*

### Consent Plan and Agreement for Emergency Medical Treatment

In the event emergency medical aid/treatment is required due to illness or injury while being on the property of the agency, I authorize the \_\_\_\_\_ program to: 1) Secure and retain medical treatment and transportation as needed and 2) Release 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) below is/are unable to be reached.

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

*(Parent or Legal Guardian if volunteer is under the age of 18)*