



**Mounted Angels Therapeutic
Horsemanship**
10362 465th St. Pearl, IL 62361
217-829-4409-home 217-257-5702 cell

*A Spirit
Horse
Member
Center*

Volunteer/Staff Information Form and Health History

General Information

Name: _____ Date: _____
Address: _____ Date of Birth: _____
Address: _____
Phone numbers: _____
Email: _____
Employer/School: _____
Parent/Legal Guardian: _____
How did you hear about the program: _____

Health History

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)

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 which areas you are interested in:

Program

☐ Horse Handling
☐ Sidewalking w/ 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: _____
(signed in presence of center staff)

Volunteer/Staff Information Form and Health History Continued

Photo Release

I ☐ DO

☐ Do Not

Consent to and authorize the use and reproduction by Mounted Angels 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? ☐ Yes ☐ No

Please explain _____

Current Driver's License Y N License Number _____ State _____

I, _____ (volunteer/staff) authorize Mounted Angels 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 that I expressly DO NOT authorize the NARHA 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: _____

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: _____

Release of Liability

The undersigned, for and in consideration of volunteering with Mounted Angels Therapeutic Horsemanship Program does/do hereby forever release, acquit, discharge and hold harmless the Mounted Angels Therapeutic Horsemanship Program, its officers, trustees, agents, employees, representatives, volunteers, successors and assigns, for all manner of claims, demands and damages of every kind and nature whatsoever, which the undersigned or said minor may now, or in the future, have against the Mounted Angels Therapeutic Horsemanship Program, its officers, trustees, agents, employees, representatives, volunteers, successors or assigns on account of any personal injuries, physical or mental condition, known or unknown, to the person of said minor and the treatment therefore as a result of, or in any way growing out of, the acts of the Mounted Angels Therapeutic Horsemanship Program, its officers, trustees, agents, employees, representatives, volunteers, successors or assigns, including, but not limited to their negligence or gross negligence, in rendering the services above described or in any way incidental thereto.

Signature: _____ Date: _____