

*Rising Hope Farm*  
3775 Bethany Church Road  
Claremont, NC 28610



## Volunteer/Staff Information Form and Health History

### General information

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

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

Employer/School: \_\_\_\_\_

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

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

Parent/Legal Guardian Name and Address: \_\_\_\_\_

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

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)

### 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 hospitalizations/surgeries, or lifestyle changes.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

### Check which areas you are interested in:

#### Program

- Horse handling
- Sidewalking with 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: \_\_\_\_\_

*(volunteer/staff; signed in presence of center staff)*

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## Volunteer/Staff Information Form and Health History - Page 2

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

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

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Photo Release

I  DO  
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consent to and authorize the use and reproduction by \_\_\_\_\_  
(Rising Hope 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 \_\_\_\_\_ (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 the Rising Hope, 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: \_\_\_\_\_  
(volunteer/staff)

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

### Confidentiality Agreement

I understand that all information (written and verbal) about participants at Rising Hope 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: \_\_\_\_\_  
(volunteer/staff)