



HOPE Therapeutic Riding Center

P.O. Box 334, Langley, WA 98260 (360) 221-7656

Email: hope@whidbey.com

Website: www.hope-whidbey.org

Volunteer/Staff Information Form and Health History

General Information

Name: _____ Date: _____

Address: _____ City and Zip: _____

Date of Birth: _____ E-Mail: _____

Phone (H): _____ Phone (W): _____

Employer/School: _____ City: _____

Parent/Legal Guardian

Name _____

Address: _____ City and Zip: _____

How did you learn about this program? _____

Health History

Last Tetanus Shot: _____ Tuberculosis Test: _____

(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 a program with equine-assisted activities. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries, or lifestyle changes: _____

Allergies: _____

Medications: _____

Please check areas which interest you:

Program

- Horse handling
- Sidewalking with a student
- Stable management
- Facility Repairs

Special Events

- Fundraising
- Horse Show
- Bake Sales/Garage Sales
- Trail Rides

Administration

- Public Relations
- Grant Writing
- Newsletter
- Video
- Budget & Finances

Background Information

Have you ever been charged with/convicted of a crime? **YES** **NO**

If Yes, please

explain: _____

I, _____ authorize HOPE 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 HOPE, its directors, officers, employees, or volunteers to disseminate this information in any way to any other individual, group, agency, organization, or corporation.

Signature: _____ **Date:** _____
(Volunteer/Staff; signed in presence of center staff)

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

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 HOPE's program.

Signature: _____ Date: _____
(Volunteer/Staff)

*Thank You for Helping Our Students
"Grab the Reins of Life with HOPE"*