

Strides Therapeutic Riding Centers, Inc.

PO Box 572455 Tarzana, CA 91357-2455

Ranch/Weather hotline (818) 341-4737

Volunteer/Staff Information Form and Health History

General information

Name: _____ Date: _____

Address: _____ City _____ Zip _____

Employer/School: _____ E-mail: _____ @ _____

Work Address: _____

Date of Birth: _____ Phone: (H) _____ (W) _____

Parent/Legal Guardian/Emergency Contact 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: _____

I, the undersigned, as self, parent and/or legal guardian of _____ do hereby authorize and consent to any X-ray examination, anesthetic or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medical Practice Act or a Dentist licensed under the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact parent(s) and/or legal guardians prior to treatment to the patient, but that any of the above treatment will not be withheld if the parent(s) and/or legal guardians cannot be reached.

Medical Insurance Company _____ Policy # _____

Subscriber's Name _____ Group # _____

Date Signature of self, or if a minor, parent or legal guardian

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. I agree to keep all information about riders and volunteers confidential.

Signature: _____ Date: _____

(volunteer/staff)

Strides Therapeutic Riding Centers, Inc.

Volunteer/Staff Information Form and Health History

Page 2

Name: _____
 Address: _____ City _____ Zip _____
 Phone: _____ Date of Birth: _____

Photo Release

I DO
 DO NOT

consent to and authorize the use and reproduction by Strides Therapeutic Riding Centers, Inc. 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: _____
 (volunteer/staff or parent/guardian if a minor)

Background Information

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

I, _____ (volunteer/staff), authorize Strides Therapeutic Riding Centers, Inc. 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 operating 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: _____
 (volunteer/staff)

CURRENT DRIVER'S LICENSE Y N LICENSE NUMBER _____ STATE _____

How many hours a week do you want to volunteer? _____

Please use the grid below to show your current availability to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							

Are you comfortable working or walking around horses? Yes No

Do you have experience with horses? _____ If so, specify _____

Check which areas you are interested in:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Program Volunteer | <input type="checkbox"/> Competition | <input type="checkbox"/> Administration | <input type="checkbox"/> Photography/Video |
| <input type="checkbox"/> Leading a horse | <input type="checkbox"/> Horse Shows | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Budget & Finance |
| <input type="checkbox"/> Sidewalking with a student | <input type="checkbox"/> Away Horse Shows | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Future Planning |
| <input type="checkbox"/> Stable management | <input type="checkbox"/> Ride-A-Thon | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Board of Directors |
| <input type="checkbox"/> Facility Repairs | <input type="checkbox"/> Playdays | <input type="checkbox"/> Volunteer Recruitment | |

There is an annual fee of \$25.00 to become a member of Strides. Membership is a donation and helps to cover the cost of mailings. **You will receive a FREE t-shirt with your membership.** If you wish to join, please include cash or a check payable to **Strides Inc.** with this form.

Yes, I wish to become a member of Strides.

Thank you for volunteering. Your participation is truly appreciated.

Strides Therapeutic Riding Centers, Inc.
Volunteer/Staff Information Form and Health History
Page 3

Name: _____
Address: _____
City: _____ Zip: _____
Home Phone: _____ Work phone _____

Volunteer/staff Liability Release

No volunteer can be accepted for service until this form as been completed by the parent(s) and/or guardian(s) if a minor. If the volunteer is of legal age, he or she may complete this form.

Strides Therapeutic Riding Centers, Inc. is therapeutically oriented and controlled. All volunteers and horses have been specially selected and trained. Safety equipment is used for all riders since riding is a risk exercise.

Participation will be under strict supervision, and although every effort will be made to avoid any accident, **NO LIABILITY** can be accepted by any of the organizations or persons connected with Strides Therapeutic Riding Centers, Inc.

I, the undersigned, as self, parent(s) and/or guardian(s) of _____ self/minor, for and in consideration of the agreement of the above named facility, will hold harmless its officers, trustees, agents, employees, representatives, 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 above named facility, its officers, trustees, agents, employees, representatives, successors or assigns on account of any personal injuries, physical or mental condition, known or unknown, to the person of the undersigned or said minor, and the treatment thereof, as a result of or in any way growing out of the acts of the above named facility, its officers, trustees, agents, employees, representatives, 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 of self, parent(s) or guardian(s)

Date

Name of Mother (if a minor) _____
Home phone _____ Work phone _____

Name of Father (if a minor) _____
Home phone _____ Work phone _____

Name of Guardian (if a minor) _____
Home phone _____ Work phone _____