

Volunteer Information-Health-Agreement Form

Due to the nature of Willow Creek Ranch Therapeutic Riding Center programs, the following information is needed to ensure a safe and respectful environment, recognize PATH International responsibilities and promote insurability. **Please Print Clearly**

Name: _____ Phone: _____

Address: _____ City, State, Zip _____

Do you have a valid driver's license? no yes

Health

Date of last tetanus shot: _____ Tuberculosis test: _____ results: _____

Are you CPR Certified? no yes, expiration date: _____ adult child

Demands of working in an equine-assisted program include physical and emotional considerations. Please list any emotional or physical limitations (e.g. fitness, cardiac, respiratory, bone or joint function, surgeries, lifestyle changes) which may affect your ability to work with horses or clients in a ranch environment. This is not to exclude anyone that wishes to volunteer, but allows us to accommodate needs, if possible. _____

Allergies: _____

Medications for emergency use (e.g. epi-pen, inhaler): _____

Agreements

Have you ever been charged with or convicted of a crime? no yes If yes, please explain: _____

Authorization for background check:

I, _____ DOB: _____ (please print name and list date of birth), authorize Willow Creek Ranch 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 agency, 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 from crimes committed upon children or animals.

I understand that such access is for the purpose of considering my application as a volunteer, and that I expressly DO NOT authorize this PATH International center, its directors, officers, employees or other volunteers to disseminate this information in any way to any other individual, group, agency, organization, or corporation.

Volunteer Signature: _____ Date: _____

(Parent or Guardian signature if volunteer is under age 18 and print name of signer _____)

Confidentiality Agreement

I understand that all information (written and verbal) about participants at this PATH International center is confidential and is not to be shared with anyone without the expressed written consent of the participant or their parent/guardian.

Volunteer Signature: _____ Date: _____

Participation

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 activities at Willow Creek Ranch, Inc.

Volunteer Signature: _____ Date: _____

(Parent or Guardian signature if volunteer is under age 18 and print name of signer _____)