



VOLUNTEER/STAFF INFORMATION FORM AND HEALTH HISTORY

Date: **New or Returning Volunteer?** List Year Started with FSR: _____

General Information

Name _____ Height _____ Date of Birth ____/____/____
Address _____ Home Phone _____
City, State, Zip _____ Work Phone _____
Home E-mail _____ Your Employer _____
Name of Spouse _____ Spouse Employer _____

If Volunteer or Staff person under 18 years of age, complete the following:

Name of School _____ Home Phone _____
Name of Parent/Guardian _____ Employer _____
Address _____ Work Phone _____
City, State, Zip _____

Emergency Contact

Name: _____ Phone _____ Cell _____
Relationship _____

How did you learn about FSR? (Circle One)

Newspaper Poster Friend Another Volunteer Meeting Relative of a Rider Volunteer Fair
Other _____

Check Those Areas In Which You May Have Experience or An Interest In:

- | | | | |
|--------------------------|----------------------------------------------------------|--------------------------|-----------------------------------------------------|
| Experience | Interest | Experience | Interest |
| <input type="checkbox"/> | <input type="checkbox"/> Side Walking | <input type="checkbox"/> | <input type="checkbox"/> Photography/Video |
| <input type="checkbox"/> | <input type="checkbox"/> Horse Handling | <input type="checkbox"/> | <input type="checkbox"/> Video-graphy |
| <input type="checkbox"/> | <input type="checkbox"/> Newsletter (Desktop Publishing) | <input type="checkbox"/> | <input type="checkbox"/> Craft Work |
| <input type="checkbox"/> | <input type="checkbox"/> Prepare food for Special Events | <input type="checkbox"/> | <input type="checkbox"/> Assist with food booths |
| <input type="checkbox"/> | <input type="checkbox"/> Grant Writing | <input type="checkbox"/> | <input type="checkbox"/> Training or Mentoring Vol. |
| <input type="checkbox"/> | <input type="checkbox"/> FRS Auxiliary | <input type="checkbox"/> | <input type="checkbox"/> Facility Maintenance |
| <input type="checkbox"/> | <input type="checkbox"/> Ride – a – thon Committees | <input type="checkbox"/> | <input type="checkbox"/> Tack Cleaning |
| | <input type="checkbox"/> Food Committee | | |

Other Talents You Would Like to Share With FSR:



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 and Purpose:

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 the Free S.P.I.R.I.T. Riders, Inc. program.

Signature: _____ **Date:** _____

Background Information

Have you ever been charged with or convicted of a crime? Y N; If yes, please explain _____

I, _____ (volunteer/staff), authorize FSR 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 FSR, 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** _____



NEEDS TO BE COMPLETED FOR ALL RIDERS, VOLUNTEERS, AND STAFF

Consent Plan

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving, or providing services, or while being on the property of the agency, I authorize Free SPIRIT Riders to:

- 1. Secure and retain medical treatment and transportation if needed.
- 2. Release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person(s) below is unable to be reached.

Date: _____ Consent Signature: _____

Non-Consent Plan

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving or providing services or while being on the property of Free SPIRIT Riders, Inc.

- Parent or legal guardian will remain on site at all times during equine assisted activities
- In the event emergency treatment/aid is required; I wish the following procedure to take place:

Date: _____ Non-Consent
Signature: _____
Client, Parent or Legal Guardian

PHOTO RELEASE

- I DO
- DO NOT

Consent to and authorize the use and reproduction by Free SPIRIT Riders of any and all photographs and any other audio/visual material taken of me for promotional material, educational activities, exhibitions or any other use for benefit of the program.

Signature: _____ Date: _____
Client, Parent or Legal Guardian



Needs to be Completed for all Volunteers and Staff

To ensure a safe environment while engaging in therapeutic interaction with horses as stated in the Free SPIRIT Riders (FSR) Mission Statement, I acknowledge the expectations required of all FSR volunteers and staff. I am aware that disregarding any one of these expectations will result in first a warning, second a reprimand, and if a third time occurs, then dismissal from FSR.

- Safety is to the top priority whether grooming and/or tacking the horses, side walking or handling the horses in or outside of class time.
- Listen to and obey the instructor.
- Follow the posted barn rules which include, but are not limited to:
 - No smoking
 - No running or yelling
 - No “horse play”
 - No hand feeding the horses
- Follow Dress Code for personal safety and professionalism
- Be courteous and work as a team member. This includes:
 - Speaking positively about FSR personnel, volunteers, and participants
 - Understanding the role of Side Walker vs. Horse Handler
 - Asking questions when not fully understanding what is needed
 - Arriving in punctual manner
 - Contacting an appropriate substitute when a conflict arises that would cause unavailability.

Signature _____

Date _____

Volunteer and Staff Confidentiality Statement

Divulging confidential information concerning any information of a sensitive nature to an unauthorized person is grounds for immediate discharge. We ask that you practice loyalty to the riders, their families and to each other.

I am fully aware Free SPIRIT Riders serves children and adults who are challenged with various disabilities, including but not limited to, mental and physical disabilities, mental illness, dependency issues, depression, anxiety and more.

Information about a participant's condition, care, treatment, personal affairs and records is confidential. Such may not be discussed with anyone including physicians, therapists, employees, or volunteers who are responsible for the participant's care, unless the participant, their parent or guardian has authorized release of information or unless compelled by law to do so. Carelessness or thoughtlessness leading to the release of student information may result in immediate dismissal.

Signature _____

Date _____

Honesty Acknowledgment Statement

I understand that this is an application for, and not a commitment or promise, of a volunteer opportunity. I certify that I have, and will provide information, throughout the selection process, on this volunteer application and in interview with Free SPIRIT Riders, Inc. personnel that is true, correct and complete to the best of my knowledge. I certify that I will answer all questions to the best of my ability and that I have not, and will not, withhold any information that would unfavorably affect my application for a volunteer position. I understand that misrepresentations or omissions may be cause for immediate rejection of my application for a volunteer position with Free SPIRIT Riders, Inc. or termination as a volunteer.

Signature _____

Date _____