



Handicapped Athletes Learning To Enjoy Riding Volunteer Information Form

General Information

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

_____ Cell Phone: _____

E-mail: _____ Date of Birth: _____

Would you prefer to volunteer for horse related activities or non-horse related lessons activities?

Are you willing to commit to a regular schedule of volunteering? _____

On which days and times can you volunteer? _____

Please briefly list any relevant experience you have working with horses or handicapped individuals.

Health History

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 hospitalization/surgeries, or lifestyle changes.

Allergies: _____

Medications: _____

Please list any current **first aid** or **CPR** certifications: _____

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 program.

Signature: _____ **Date:** _____

Background Information

Have you ever been charged with or convicted of a crime? No Yes, please explain;

I, _____ (volunteer/staff), authorize H.A.L.T.E.R. to receive information from any law enforcement agency, including police 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 conviction 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 H.A.L.T.E.R., 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:** _____

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

Photo Release

I (circle one) **Do**

Do Not

consent to and authorize the use and reproduction by H.A.L.T.E.R. of any and all photographs and any audio/visuals materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Signature: _____ **Date:** _____

Confidentiality Agreement

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

Signature: _____ **Date:** _____

Emergency Medical Authorization

Name (please print): _____

Physician's Name: _____ Phone: _____

Preferred Medical Facility: _____

Health Insurance Co.: _____ Policy#: _____

Emergency Contacts:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

In the event emergency medical aid/treatment is required due to illness or injury while acting as a volunteer for, or while being on the property of the agency, I authorize an adult associated with Handicapped Athletes Learning to Enjoy Riding (HALTER)

- 1. to secure and retain medical treatment and transportation on my behalf if needed*
- 2. to release my records upon the request to the authorized individual or agency involved in the medical emergency treatment.*

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

Signature: _____ **Date:** _____

Parent or guardian must sign if volunteer is under 18 year of age:

Signature: _____ **Date:** _____

I *do not* authorize any emergency medical treatment.

Signature: _____ **Date:** _____

Liability Release

Under South Carolina law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in an equine activity resulting from an inherent risk of equine activity, pursuant to Article 7, Chapter 9 of Title 47, Code of Laws of South Carolina, 1976.

I understand that acting as a volunteer for H.A.L.T.E.R., Handicapped Athletes Learning to Enjoy Riding, may be a high-risk activity and I am participating at my own risk. I do further release and hold harmless H.A.L.T.E.R. and all members of their organizing committee, agents and employees, from all liability for accidents, damage, injury or illness suffered while acting as a volunteer for, or while being on the property of H.A.L.T.E.R.

Signature: _____ **Date:** _____

Parent or guardian must sign if volunteer is under 18 years of age:

Signature: _____ **Date:** _____

