

# Rundle Riders Therapeutic Riding

## Volunteer/Staff Information and Health History Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer/School: \_\_\_\_\_

If under 18yrs - Guardian Name, address, and telephone # : \_\_\_\_\_

How did you learn about our program? \_\_\_\_\_

### Photo Release:

I Do

I Do Not

Consent to and authorize the use and reproduction by *Rundle Riders Therapeutic Riding* 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 benefiting Rundle Riders Therapeutic Riding and waive any rights of compensation or ownership thereto..

Signature of volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

### Background Information:

Have you ever been charged or convicted with a crime? Yes  or No

If you marked yes, please explain: \_\_\_\_\_

I \_\_\_\_\_ authorize *Rundle Riders Therapeutic Riding* to receive information from any law enforcement agency, including police departments and sheriff departments locally, provincially, and federally, in addition to the extent permitted by federal law, pertaining to any convictions I may have had for violations of provincial or federal criminal laws, including but not limited to convictions of crimes committed upon children or animals.

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

Signature of volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

Current Drivers License Number: \_\_\_\_\_ Province Issued: \_\_\_\_\_

### Confidentiality Agreement

I understand that all information both written and verbal about participants at *Rundle Riders Therapeutic Riding* is confidential and will not be shared with anyone without the expressed written consent of the participants and/or their guardians.

Signature of volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

**Volunteer Health History**

Please describe your current health status, particularly regarding the physical and emotional demands of working in an equine assisted program. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations and recent surgeries, recent lifestyle changes, and restricted activities.

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Allergies: \_\_\_\_\_  
\_\_\_\_\_

Please list all medications, if additional room is needed, please use the back of this page.

Name: \_\_\_\_\_ Used for: \_\_\_\_\_  
Name: \_\_\_\_\_ Used for: \_\_\_\_\_  
Name: \_\_\_\_\_ Used for: \_\_\_\_\_

Have you had a Tetanus shot in the last 5 years? \_\_\_\_\_

**Related Experience:**

Please describe any prior horse experience, and any related experience working with those with special needs:

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**Liability Release**

I, (Volunteer name ) \_\_\_\_\_  
for and in consideration of the agreement of *Rundle Riders Therapeutic Riding* to provide volunteer duties associated with Therapeutic Riding and Equine Assisted Activities, do hereby forever release, acquit, discharge and hold harmless *Rundle Riders Therapeutic Riding*. and Tristar Equestrian Centre, 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 may now, or in the future, have against *Rundle Riders Therapeutic Riding* and the YMCA or, its officers trustees, agents, employees, representatives, sponsors, successors or assigns on account of any personal injuries including death, physical or mental condition, known or unknown, to the undersigned and the treatment therefore as a result of, or in any way growing out of, the acts of *Rundle Riders Therapeutic Riding* and the YMCA, its officers, trustees, agents, employees, representatives, sponsors, 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 Participant \_\_\_\_\_ Date: \_\_\_\_\_