



VOLUNTEER/STAFF INFORMATION



General Information

Name: _____ Date: _____

Address: _____

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

Employer/School: _____

How did you learn about the program? _____

Emergency Contact Name, Address & Phone Number: _____ _____
Emergency Contact Name, Address & Phone Number: _____

Please provide any medical information you think we should be aware of. Include any information that would be relevant in an emergency.

Allergies: _____ Medications: _____

Signature: _____ **Date:** _____

Check areas in which you are interested in volunteering:

- Special Events
- Side-walking with a Student
- Horse Handling/Leading
- Public Relations
- Photography/Video
- Fundraising
- Grant Writing
- Facility Repairs
- Volunteer Recruitment

Background Information

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

I, _____ (volunteer/staff), authorize _____
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 I
expressly DO NOT authorize the KISS Horse Center & Hope 4 Horse Therapeutic Riding, 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 number _____ State _____

Confidentiality Agreement

I understand that all information (written and verbal) about participants at KISS Horse Center & Hope 4 Horses
Therapeutic Riding is confidential and will not be shared with anyone without the expressed written consent of
the participant and his/her parent/guardian in the case of a minor.

Signature: _____ Date: _____

Photo Release

- I DO
- DO NOT

consent to and authorize the use and reproduction by KISS Horse Center & Hope 4 Horses 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: _____