



THE THERAPEUTIC RIDING CENTER

Therapeutic Riding Center
181 Franklin Farm Lane
Chambersburg, PA 17202

717-263-9226
Barn: 263-0443



Volunteer/Staff Information Form and Health History

General information

Name: _____ Date: _____

Address: _____

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

Email: _____

Employer/School: _____

Address: _____

Parent/Legal Guardian/Caregiver Name /Address/Phone Number: _____

How did you learn about the program? _____

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)

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 hospitalizations/surgeries, or lifestyle changes.

Blank lines for describing health history.

Allergies: _____

Medications: _____

Check which areas you are interested in:

Program Special Events Administration

- Checkboxes for: Horse Handling, Horse Show, Public Relations, Photography/Video, Sidewalking with a Student, Fundraising, Grant Writing, Budget & Finance, Stable Management, Special Olympics, Newsletter, Future Planning, Facility Repairs, Trail Rides, Volunteer Recruitment.

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 center's program.

Signature: _____ Date: _____

(volunteer/staff/caregiver; signed in presence of center staff)



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Name: _____

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Photo Release

I DO

DO NOT

consent to and authorize the use and reproduction by _____

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 center.

Signature: _____ Date: _____

Background Information

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

I, _____ (volunteer/staff), authorize Franklin County Therapeutic Riding Center 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 NARHA center, 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 _____

Confidentiality Agreement

I understand that all information (written and verbal) about participants at this NARHA 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: _____