



## Volunteer/Staff Information Form and Health History

### General Information

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

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

\_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Parent/Legal Guardian names if under 18: \_\_\_\_\_

Email address: \_\_\_\_\_

### Health History

Please describe your current health status, particularly regarding the physical/emotional demands of working in a therapeutic riding program. What may be some of your limitations?

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

**Medications:** \_\_\_\_\_

\_\_\_\_\_

**Ways you can help include:** Horse Handling, Side walking with a student, Stable Management, Facility Repairs, Horse Shows, Fundraising, Special Olympics, Trail rides, Public Relations, Grant Writing Newsletter, Volunteer Recruiting, Photography/Video, Budget & Finance, Future Planning

**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: \_\_\_\_\_

**FIRE HORSE FARM**

**VOLUNTEER INFORMATION**

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**Authorization for Background Check**

I, \_\_\_\_\_, authorize Fire Horse Farm TEC to receive information from any law enforcement agency, including police departments and sheriffs 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.

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 provide this information in any way to any other individual, group, agency, organization, or corporation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CURRENT DRIVERS LICENSE: Y N LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_**

**Background Information**

Have you ever been charged with or convicted of a crime? Y N; if the answer is yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_

**Photo Release**

I  **DO**  
 **DONOT**

consent to and authorize the use and reproduction by Fire Horse Farm TEC 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: \_\_\_\_\_

**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 express written consent of the participant and their parent/guardian in the case of a minor.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(volunteer/staff)*



North American Riding for the Handicapped Association

# FIRE HORSE FARM THERAPEUTIC EQUESTRIAN CENTER

## HIGHLIGHTED POLICIES:

1. We strongly suggest teenagers be fourteen (14) years of age or older to volunteer.
2. Fire Horse Farm serves children and adults who are challenged with:
  - a. cognitive disabilities
  - b. physical disabilities
  - c. abuse
  - d. alcohol and drug addictions
  - e. behavioral, delinquency
  - f. psychological issues
3. Chewing gum is prohibited at the Fire Horse Farm facility.
4. A student must sign several forms including; a general informational page, a physician's referral statement signed by the attending physician, an emergency medical form and liability release. A photo release is optional. These forms are updated annually.
4. Students are not allowed in the barn area unless an instructor is monitoring them.
5. A Fire Horse Farm volunteer must sign a registration form which includes; general information, a photo release, a confidentiality statement, a liability release and an emergency medical form. This form is updated annually.
5. For safety, no one is allowed on the ramps; to sit, play or climb. Please do not cut through the ramps to get to the horses.
6. As of September 1995, Texas enacted the following law:

*Texas Law (Chapter 87, Civil Practice and Remedies Code), an equine professional is not liable for injury to or the death of a participant in equine activities resulting from the inherent risk of equine activities.*
6. Siblings must be monitored by a parent or designated adult at all times. Please no running or climbing on fences, carts or ramps. The picnic area may be used for outdoor play.
7. Ask an instructor prior to taking any pictures or video taping.
8. Students must wear long pants and closed toe and closed heel shoes for their class time. If a student comes to ride in shorts, a dress or sandals, they will spend their class time not riding but learning in other activities.
9. Volunteers must wear closed toe and closed heel shoes. Please wear appropriate clothing to work outside, refraining from wearing revealing clothing or jewelry except for a watch.
10. Fire Horse Farm's phone is not to be abused, necessary calls may be made, remembering that Fire Horse Farm is a place of business, keeping the length of telephone calls short. Please do not make a long distance call.
11. PLEASE DO NOT feed any of the horses, dogs and/or cats.
12. PLEASE DO NOT reach through any fences to pet the horse.
13. GENERAL RULES:
  1. Please do not bring your child if they have any colored discharge from their nose or heavy congestion. This will help insure the health of the instructors and other students.
  2. Smoking is prohibited at the Fire Horse Farm facility.

I have read and understand what is written and agree to follow Fire Horse Farm's policies and rules. I understand and am aware of the Texas Equine Liability Act. I understand and am aware of the various populations served by Fire Horse Farm and understand that adults and/or teens may be serving their court appointed community service hours.

Signature of volunteer or legal guardian \_\_\_\_\_ Date \_\_\_\_\_