



-For Office Use Only -
Date Info Form submitted: _____
 Yearly verification of volunteer information. Please provide dates for the following
 (initial the year) 2007 2008 2009 2010 _____ Vol Orientation _____ Sidewalker
 _____ Horse Ldr _____ Groom/tack

Volunteer Information Form

First Name: _____ Middle I. _____ Last Name: _____

Street address: _____ City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Cell: (_____) _____ Work Phone: (_____) _____

E-mail: _____ Date of Birth: _____

Employer/School: _____ Title: _____

Spouse's Name: _____ Employer: _____ Title: _____

Parent(s)/ Legal Guardian Name: _____ Phone # (_____) _____

Address: _____ City: _____ State: _____ Zip: _____

How did you learn about HORSEPOWER? _____

Do you have horse experience: None Somewhat Considerable

Please briefly explain:

Are you comfortable working around horses? Yes No

Are you able to walk for 45 minutes and jog short distances in the dirt? Yes No

Volunteer Opportunities (please circle areas of interest)

<i>Program Volunteer</i>	<i>Special Events</i>	<i>Administration</i>	
sidewalking	horse shows	fundraising	public relations
leading a horse*	ride-a-thon	budget & finance	newsletter
stable maintenance	silent auction & gala	future planning	photography
facility upkeep/repairs	kitchen help	vol. recruitment	website
* requires certification		general office duties	

Volunteer Availability (please circle)

<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>
Morning	Morning	Morning	Morning	Morning	Morning
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon
Evening	Evening	Evening	Evening	Evening	Evening

HORSEPOWER Therapeutic Learning Center • 8001 Lebourne Rd. Colfax, NC 27235

• Tel (336)931-1424 • Fax (336)931-1425 • volunteer@horsepower.org • www.horsepower.org •

CONSENT & LIABILITY WAIVERS

Make sure that all below consent and liability waivers are signed. All volunteers 18 years of age and under must have these forms signed before participating in the Volunteer Orientation.

I understand that the information provided above is accurate to the best of my knowledge. I know no reason why I should not participate in HORSEPOWER Inc.'s program.

Signature: _____ Date: _____
(Parent or Legal guardian if volunteer is under the age of 18)

Photo Release (please check): I do () or I do not () Consent to and authorize the use and reproduction by HORSEPOWER Inc. 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: _____
(Parent or Legal guardian if volunteer is under the age of 18)

Background Information: Have you ever been charged with or convicted of a crime? NO YES
If YES, explain... _____

I _____ (*volunteer*) authorize HORSEPOWER Inc. 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. I understand that such access is for the purpose of considering my application as a volunteer, and that I expressly DO NOT authorize HORSEPOWER Inc., its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization, or corporation.

Consent Signature: _____ Date: _____
(If volunteer is under age of 18 years old this must be signed by a legal guardian)

Current Drivers License? YES NO If YES, License # _____ State: _____

Consent Plan and Agreement

In the event emergency medical aid/treatment is required due to illness or injury while being on the property of the agency, I authorize HORSEPOWER Inc. to: Secure and retain medical treatment and transportation as needed and 2: Release records upon request to the authorized individual or agency involved in the medical emergency treatment. This authorization includes, x-ray, surgery, hospitalization, medication, and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person(s) below is/are unable to be reached.

Consent Signature: _____ Date: _____
(If volunteer is under age of 18 years old this must be signed by a legal guardian)

Liability Release

As a volunteer at HORSEPOWER Inc., I acknowledge the risks and potential for risks of a horseback riding program, however, I feel that the possible benefits to me and the clients with whom I work are greater than the risks assumed. I hereby, intending to be legally bound for myself, my heirs and assigns, executors, or administrators, waive and release forever all claims for damages against HORSEPOWER Inc., its Board of Directors, instructors, therapists, volunteers, and/or employees for any and all injuries and/or losses I may sustain while participating in HORSEPOWER Inc.'s program.

Consent Signature: _____ Date: _____
(If volunteer is under age of 18 years old this must be signed by a legal guardian)

HEALTH HISTORY

Physicians Name: _____ Medical Facility: _____

Phone: () _____ Health Ins. Company : _____

Policy # _____ Tuberculosis Test _____ + or - Last Tetanus shot: _____

Allergies to Medications: _____ Date of Birth: _____/_____/_____

Medications: _____

Health History (fitness, respiratory, bone & joint function, recent surgery): _____

In the event of an emergency, please contact:

Name: _____ Phone: () _____ Relationship _____

Name: _____ Phone: () _____ Relationship _____

*Please make sure that all waivers are signed,
then return these forms to a HORSEPOWER staff person.*

Thank you again for your interest in volunteering to help our mission!