



**-For Office Use Only-**

**Date Info Form submitted:** \_\_\_\_\_

Yearly verification of volunteer information Please provide dates for the following  
(initial the year) 2022 2023 2024 2025 2026 \_\_\_ Vol. Orientation \_\_\_ Sidewalker  
Barn Orient.. \_\_\_ Emergency proc. \_\_\_ \_\_\_ Groom/Tack \_\_\_ Leader (Class/barn)

## 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? \_\_\_\_\_

How would you prefer to be contacted (check all that apply):  Call  Text  Email

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

### HEALTH HISTORY

Physicians Name: \_\_\_\_\_ Medical Facility: \_\_\_\_\_

Phone: \_\_\_\_\_ Health Ins. Company: \_\_\_\_\_

Policy # \_\_\_\_\_

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

Medication: \_\_\_\_\_

Health History (Fitness, Respiratory, bone & joint function, recent surgery):  
\_\_\_\_\_

### **In the event of an emergency, Please contact:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

**Make sure that all below consent and liability waivers are signed. All volunteers and independent contractors 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: \_\_\_\_\_

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

(If volunteer is under age of 18 years old this must be signed by a legal guardian)

(Turn over)

**Confidentiality Agreement:** While volunteering or working at Horsepower you may learn facts about our riders that are considered confidential. By signing this form, you agree to keep those facts confidential. Confidential means that you are free to talk about Horsepower and about your program and your experiences, but you are not permitted to disclose clients' names or talk about them in ways that will make their identity known.

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

**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: \_\_\_\_\_  
(If volunteer is under age of 18 years old this must be signed by a legal guardian)

**Background Information:** Have you ever been charged with or convicted of a crime? NO YES  
Are you seeking Court Appointed, Lawyer recommended, or Community Service hours? NO YES  
If YES to either, 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) listed as your emergency contact is/are unable to be reached.  
(please check): I do ( ) or I do not ( ) 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 doing work 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, and the company and its employees (if I am an independent contractor) 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 or while doing work for HORSEPOWER Inc.

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