



# Volunteer/Staff Information Form and Health History Form (page 1 of 3)

## General Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(First Name) (Last Name)

Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Email: \_\_\_\_\_

Organization or Group \_\_\_\_\_  
*(List if this is part of a group project)*

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

Parent/Legal Guardian/Caregiver Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

How did you learn about the program? \_\_\_\_\_  
Why are you interested in volunteering? \_\_\_\_\_

Describe your past horse experience: \_\_\_\_\_

Describe your past experience with people with disabilities: \_\_\_\_\_

Are you able to walk for up to 1 hour? YES / NO (circle)  
Are you able to jog next to the horse during the lesson? YES / NO (circle)

### Check areas in which you are interested in volunteering:

#### Program

Horse Handling     Side walking with a student     Stable Management     Facility Repairs

#### Special Events

Camp Hope     Dances With Horses     Let's Dance     Cowboy Breakfast  
 Open House     Other

#### Administration

Fundraising     Concessions at UNI     Public Relations     Grant Writing  
 Newsletter     Volunteer Recruitment     Photography/Video     Budget & Finance  
 Future Planning     Capital Campaign     Board member     Advisory Board



## Volunteer/Staff Information Form and Health History Form (page 2 of 3)

Mark ALL times you are available for horseback riding classes:

Monday \_\_\_ 4:30 \_\_\_ 6:00 Tuesday \_\_\_ 4:00  
Wednesday \_\_\_ 4:30 \_\_\_ 6:00 Thursday \_\_\_ 4:30 \_\_\_ 6:00

Summer program daytime (circle those you may be available) Morning Afternoon Evening

Mark ALL times you are available for office work, horse exercising or barn cleaning:

Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thurs. \_\_\_\_\_ Fri. \_\_\_\_\_ Sat. \_\_\_\_\_

How many hours per day would you like to volunteer? \_\_\_\_\_

List related skills or areas of interest: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Health History

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)

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.

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

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

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

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 ASPIRE's program.

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

*(volunteer/staff/caregiver; signed in presence of ASPIRE staff)*



## Volunteer/Staff Information Form and Health History Form (page 3 of 3)

### Photo Release

I  do

I  do not

consent to and authorize the use and reproduction by ASPIRE TRP, 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: \_\_\_\_\_

*(volunteer/staff)*

### Background Information

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

\_\_\_\_\_

I, \_\_\_\_\_ (volunteer/staff), authorize ASPIRE TRP, 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 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 ASPIRE TRP, Inc., 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 \_\_\_\_\_



Authorization for Emergency Medical Treatment Form

Participant Staff Volunteer

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Physician's Name: \_\_\_\_\_ Preferred Medical Facility: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Allergies to medications: \_\_\_\_\_

Current medications: \_\_\_\_\_

In the event of an emergency, contact:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Consent Plan

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency,

I authorize ASPIRE TRP, Inc to:

- 1. Secure and retain medical treatment and transportation if needed.
2. Release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

This authorization includes x-rays, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

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

Participant, staff, volunteer. Parent/Legal Guardian
Signed in presence of center staff

Non-Consent Plan

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of ASPIRE TRP.

- Parent or legal guardian will remain on site at all times during equine assisted activities.
In the event of emergency treatment/aid is required, I wish the following procedures to take place:

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

Date: \_\_\_\_\_ Non-Consent Signature: \_\_\_\_\_

Participant, staff, volunteer, Parent/Legal Guardian
Signed in presence of center staff



## **ASPIRE Therapeutic Riding Program, Inc. CONFIDENTIALITY POLICY**

**This form MUST be signed and strictly adhered to due to HIPPA regulations!**

It is the policy of ASPIRE TRP, Inc. to preserve the right of confidentiality for all individuals in the program. This policy applies to all staff, independent contractors, volunteers, participants, board members and anyone who might obtain confidential or sensitive information.

The staff, volunteers, participants, independent contractors and board members shall keep confidential all medical, social, referrals, personal and financial information regarding a person and his/her family.

Informed consent for disclosure may be given only by competent adults, parent(s), legal representatives and others defined by the State statute.

Access to student forms on file is restricted to instructors, therapists, and the program director. Pertinent information on a need to know basis will be given to other volunteers by the instructors, program director or therapist without reference to diagnosis. Student evaluations, medical information, financial information, and other sensitive information as well as individual goals and progress are confidential.

ASPIRE TRP, Inc. may disclose medical and/or sensitive information to agents and outside health care providers involved in therapy only with the specific written consent from the rider.

In case of an emergency, student forms will be made available as needed to appropriate personnel.

Personal and professional penalties that can result from breaking confidentiality may be much more severe than reprimand or termination from this organization.

**I understand and will observe the confidentiality policy of ASPIRE TRP, Inc.**

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



**AGREEMENT AND LIABILITY RELEASE (page 1 of 2)**  
***PLEASE READ CAREFULLY BEFORE SIGNING***

I agree to the following with ASPIRE Therapeutic Riding Program as a condition for it; allowing me, and the person identified below, to be near horses, receive riding instruction, work near horses, and/or ride horses on or near the property where ASPIRE holds classes/activities.

NAME OF CONTRACTING PARTY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

I also make this agreement on behalf of the following, who are my children or legal wards:

1. \_\_\_\_\_ Age \_\_\_\_\_ 2. \_\_\_\_\_ Age \_\_\_\_\_

All parts of this agreement shall apply to me, and the children/legal wards listed above. (We will collectively call ourselves "I", "me", or "my" throughout this Agreement). This agreement is binding when the Program permits me to enter the property where ASPIRE holds classes/activities for any purpose, be near horses on the premises, receive riding instruction at any location, and/or ride horses on or off property where ASPIRE holds classes/activities.

**IT IS HEREBY AGREED AS FOLLOWS:**

1. I have requested to be on property where ASPIRE holds classes/activities, be near horses, work near horses, receive riding instruction, and/or ride on property where ASPIRE holds classes/activities.
2. I understand that anyone riding or being near a horse can suffer bodily and other injuries. A number of inherent risks are associated with a domesticated animal activity. A domesticated animal may behave in a manner that results in damages to property or an injury or death to a person. Risks associated with the activity may include injuries caused by bucking, biting, stumbling, rearing, trampling, scratching, pecking, falling, or butting. The domesticated animal may react unpredictably to conditions, including, but not limited to, a sudden movement, loud noise, an unfamiliar environment, or the introduction of unfamiliar persons, animals or objects. The domesticated animal may also react in a dangerous manner when condition or treatment is considered hazardous to the welfare of the animal; or a participant fails to exercise reasonable care, take adequate precautions, or use adequate control when engaging in a domesticated animal activity, including failing to maintain reasonable control of the animal or failing to act in a manner consistent with the person's abilities. I understand there are other risks and dangers inherent to equine activities and I expressly agree to assume them.
3. **LIABILITY RELEASE:** I assume full responsibility for any and all bodily injuries or damages which I may sustain when on the property where ASPIRE holds classes/activities as well as when riding horses on, near, or off property where ASPIRE holds classes/activities. By the term "damages", I mean, for example, medical expenses, expenses incurred because of bodily injury or property damages, and/or personal property damages. I, for my heirs, administrators, personal representatives or assigns, release and discharge ASPIRE Therapeutic Riding program and its employees, agents, managers, trainers, instructors, volunteers, insurers, representatives, and others acting on their behalf of and from all claims, demands, actions, omissions, rights of action, or cause of action (present and future), whether the same be known or unknown, anticipated or unanticipated, resulting from or arising out of my bodily injury or damage that may be sustained, or property damage which may occur as a result of being on the property where ASPIRE hold classes.



## AGREEMENT AND LIABILITY RELEASE (page 2 of 2)

It is mutually understood and agreed that the provision of this liability release shall constitute a waiver of liability for injury to, or death of an equine activity participant beyond the provisions of the Iowa Code Chapter 673.

4. **WARNING**

**Under Iowa law, a domesticated animal professional is not liable for damages suffered by, an injury to, or the death of a participant resulting from the inherent risk of domesticated animal activities, pursuant to Iowa Code Chapter 673. You are assuming inherent risks by participating in this domesticated animal activity.**

5. INDEMNIFICATION: I also hereby agree to indemnify and hold harmless ASPIRE Therapeutic Riding Program and its employees, agents, manager, trainers, instructors, volunteers, insurers, representatives, and others acting on their behalf against all damages which are sustained or suffered by any third party person(s) (People who are not parties to this Agreement, including, but not limited to my relatives, guests, etc.) including any and all property where ASPIRE holds classes/activities, being near horses where ASPIRE holds classes/activities. The indemnification shall include attorney fees.

6. I am fully responsible for my own safety while on, near or off the property where ASPIRE holds classes/activities. I understand that ASPIRE advised me that I should wear properly fitted and secured ASTM-standard/SEI certified protective headgear at all times when riding horses or near horses.

7. I represent that I am now and will be at all times while on or near the property where ASPIRE classes/activities takes place, covered by accident/medical insurance.

My insurance company is \_\_\_\_\_  
Policy number \_\_\_\_\_

8. Iowa law shall govern this Agreement. Should any clause conflict with State law, that clause will be null and void and the remainder of this Agreement shall remain in effect. Any suit shall be brought in Black Hawk County.

9. Also, I represent that:

**\*I am at or over 18 years of age, of sound mind, and not suffering from shock or under the influence of alcohol, drugs or intoxicants:**

**\*I have read this entire agreement and liability release (two pages)**

**AND \*I understand it**

**AND \*All information I have provided herein is true and accurate.**

SIGNATURE OF CONTRACTING PARTY \_\_\_\_\_ Date \_\_\_\_\_  
(parent or guardian, if under 18)

SIGNATURE OF PROGRAM'S REPRESENTATIVE \_\_\_\_\_ Date \_\_\_\_\_