



# DREAM RIDERS

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## Volunteer Information Form & Health History

### General Information

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

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

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

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

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

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

Parent/Legal Guardian/Caregiver Name/Address/Phone Number (if under 18):  
\_\_\_\_\_  
\_\_\_\_\_

How did you learn about Dream Riders? \_\_\_\_\_

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.

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

Allergies:

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

Medications:

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

Check which area/s you are interested in:

#### Program

- Leading a Horse
- Side walking with a client/athlete
- Preparing Horse for lessons
- Facility Repairs
- Barn/Farm Help
- Horse Show at facility or away

#### Administrative

- Public Relations
- Fund Raising
- Office Help
- Corporate Campaigns
- Rider/ Volunteer Recruitment
- Photography

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 Dream Riders program.

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

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

**\*\*\*\*\*Please turn over and fill out and sign areas on back \*\*\*\*\***

**Photo Release**

I Do

I Do Not

Consent to and authorize the use and reproduction by Dream Riders 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.

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

**If under 18 must be signed by Parent or guardian**

**Background Information**

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

\_\_\_\_\_

I, \_\_\_\_\_(volunteer/staff), authorize \_\_\_\_\_ 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 Dream Riders, 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 Dream Riders is confidential and will not be shared with anyone without the expressed written consent of the participant and his/her parent/guardian in the case of a minor.

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

*(volunteer/staff)*

**Volunteer Liability Release**

Under South Carolina Law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in an equine activity resulting from an inherent risk of equine activity, Pursuant to Article 7, Chapter 9 of Title 47, Code of Laws of South Carolina, 1976.

As a volunteer at Dream Riders I acknowledge the risks and potential for risks of equine activities and horseback riding. I further understand that I must be careful while on the property of Dream Riders and particularly while horses are being handled. Dream Riders cannot and does not assume any liability for accidents, injury, or death to person or persons. However, I feel that the possible benefits to myself/ my son or daughter/ my ward and the clients/ athletes I work with are greater than the risk assumed. I further have reviewed and understand the content of South Carolina’s Liability Law which is posted at drive entrance, barn and bathroom area. Likewise I accept full responsibility for friends and visitors accompanying myself on Dream Riders property. 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 Dream Riders, Sunrise Farms, its board of directors, instructors, volunteers, and/or employees for any and all injuries and/or losses I/ my son or daughter/ my ward may sustain while participating in activities at Dream Riders.

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

**If under 18 must be signed by Parent or guardian**

If volunteer is under 18 years old, parent / guardian signature required for confirmation of a minor to participate in Dream Riders’ program as a volunteer

I hereby approve that the above named minor may participate at Dream Riders in a volunteer position.

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

Parent / Guardian Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_