

# DREAM RIDERS

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Web page: [www.dreamrider.org](http://www.dreamrider.org)

## Volunteer General Information

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

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

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

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

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

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

If under the age of 18-Parent/Legal Guardian/Caregiver Name/Address/Phone Number: \_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Circle which area/s you are interested in:

### Horse Related Opportunities

Leading a Horse  
Side walking with a client/athlete  
Preparing Horse for lessons  
Volunteer Coordinator  
Horse Show at facility or away  
Family Day  
Recital Day

### “Non” Horse Opportunities

Public Relations  
Fund Raising  
Volunteer Recruitment  
Organize Socials  
Barn/Farm Help  
Office Help  
Corporate Campaigns  
Rider Recruitment  
Photography

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

*(volunteer, parent or legal guardian if under 18; signed in presence of center staff)*

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

**Photo Release Please check appropriate Box:**  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.

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

**Background Information**

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

\_\_\_\_\_

I, \_\_\_\_\_(volunteer), authorize **Dream Riders** 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 a volunteer, and I expressly DO NOT authorize the **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)

CURRENT DRIVER’S LICENSE Y N LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

**Confidentiality Agreement**

I understand that all information (written and verbal) about volunteers at **Dream Riders** is confidential and will not be shared with anyone without the expressed written consent of the volunteer and his/her parent/guardian if under the age of 18

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

(volunteer)

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: \_\_\_\_\_

