



THERAPEUTIC RIDING VOLUNTEER APPLICATION/WAIVER

GENERAL INFORMATION:

Received: _____

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____ DOB: _____

Employer/School: _____

Address: _____

Email: _____

Parent/Legal Guardian/Caregiver Name/Address/Phone Number: _____

How did you learn about the program? _____

Recent medical tests: _____ Last Tetanus Shot: _____ TB 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 areas in which you are interested:

Program

- Horse Handling
- Sidewalking with a Student
- Facility Repairs

Special Events

- Horse Show
- Fundraising

Administration

- Public Relations
- Grant Writing
- Newsletter
- Volunteer Recruitment
- Photography/Video

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 this Center's therapeutic program. I have received and understand the list of volunteer requirements. I accept the responsibility of adhering to these requirements.

Signature: _____ Date: _____

Witness: _____

Witness: _____

Print Name: _____

Print Name: _____

PHOTO RELEASE:

I ___do/___do not consent to and authorize the use and reproduction by The Stables at Le Bocage 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

If yes, please

explain:_____

I, _____, authorize The Stables at Le Bocage to receive information from any law enforcement agency, including police departments and sheriff 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.

Signature:_____ Date:_____

CURRENT DRIVER’S LICENSE: Y N License No._____ State_____

CONFIDENTIALITY AGREEMENT

I understand that all information (written or verbal) about participants at The Stables at Le Bocage 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:_____

WARNING:

Under Louisiana Law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risk of equine activities pursuant to R.S. 9:2795.3.