



**Volunteer Information Form**

**General Information**

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

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

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Best Way to Reach You: Text Message Email Telephone Call Home Phone Cell Phone

If under age 18: Parent/Legal Guardian Name: \_\_\_\_\_

Parent/Legal Guardian Address: \_\_\_\_\_

How did you learn about the program? \_\_\_\_\_

Have you ever volunteered/worked with any other therapeutic riding programs? Y N If yes, please explain what your responsibilities were: \_\_\_\_\_

What type of experience have you had with horses (if any?) \_\_\_\_\_

Day(s) Available (check all that apply):  Tuesday  Saturday  Wednesday  Other (special events)

**PHOTO RELEASE**

I  DO or  DO NOT consent to and authorize Rising Hope Farms the use and reproduction of any and all photographs and any other audio/visual materials taken of me for promotional materials, educational activities, exhibitions or for any other use for the benefit of the program.

**ASSURANCE OF CONFIDENTIALITY**

I understand that all information (written and verbal) about participants at Rising Hope Farms is confidential and will not be shared with anyone without express written consent of the participant and his/her parent/guardian in the case of a minor. I further understand the liability of persons with access to rider information and hereby agree to protect and preserve the confidential nature of all such information to which I have access.

Understood and AGREED (Initials): \_\_\_\_\_

Have you ever been convicted of a crime?  Yes  No If yes, please explain: \_\_\_\_\_

**BACKGROUND CHECK**

All volunteers (over 18 years of age) must have a current background check. Background checks are conducted by CastleBranch at the volunteer's expense. Information may be found at <http://risinghopefarms.com/volunteers/>.

**THE INFORMATION PROVIDED, TO THE BEST OF MY KNOWLEDGE, IS ACCURATE AND I KNOW OF NO REASON WHY I SHOULD NOT PARTICIPATE IN THIS CENTER'S PROGRAM.**

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

Witness (RHF Staff/Volunteer): \_\_\_\_\_ Date: \_\_\_\_\_

To be signed in the presence of RHF Staff/Volunteer