



Volunteer/Personnel Information Form and Health History

General Information

Name: _____ Date: _____

Address: _____

Employer/School: _____

Email: _____ Phone: (H) _____ (C) _____

Date of Birth: _____ How did you learn about Renew? _____

Parent/Legal Guardian Name and Phone: _____

Emergency Contact Name and Phone: _____

On a scale from 1 to 5 (5 being a lifetime of experience), how much horse experience do you have? _____

Recent Medical Tests: Last Tetanus Shot: _____ Tuberculosis Test + or - 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 a therapeutic riding 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 this center's program.

Signature: _____ Date: _____

Photo/Media Release

I DO or DO NOT (**circle one**) consent to and authorize the use and reproduction by Renew TRC 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, including social media.

Signature: _____ Date: _____

Background Information

Have you ever been charged with or convicted of a crime? Y N (circle one) If yes, please explain:

I, _____, authorize Renew Therapeutic Riding Center to receive information from any law enforcement agency, including police departments and sheriff's departments, of this state or any other state of federal government, to the extent permitted by state and federal law, pertaining to any convictions I may have had for violations of state and federal criminal laws, including but not limited to convictions for crimes committed upon children.

I understand that such access is for the purpose of considering my application as an employee/volunteer, and that I expressly DO NOT authorized the PATH center, it's directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization, or corporation.

Signature: _____ Date: _____

CURRENT DRIVER'S LICENSE Y N (circle one) LICENSE NUMBER _____ STATE _____

Confidentiality Agreement

I understand that all information (written and verbal) about participants of Renew Therapeutic Riding Center is confidential and will not be shared with anyone without the express written consent of the participant and their parent/guardian in the case of a minor.

Signature: _____ Date: _____

Liability Release

Michigan State Equine Laws state that: Under Michigan law, an equine professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities.

_____ (volunteer or staff name) would like to participate in the Renew Therapeutic Riding Program. I acknowledge the risks and potential for risks of horseback riding and working with horses. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims to damages against Renew Therapeutic Riding Center Inc, it Board of Directors, Instructors, Volunteers, Employees, Facility Owners, and/or Facility Employees, as well as for any and all injuries and/or losses I/my child/my ward may sustain while participating at Renew Therapeutic Riding Center.

Signature: _____ Date: _____

(Parent, Guardian, or Volunteer/Personnel if over 18)