



VOLUNTEER/STAFF INFORMATION FORM & HEALTH HISTORY

General information:

Name: _____ Date: _____

Address: _____

Date of Birth: _____ Phone: (H) _____ (W) _____ (Cell) _____

Employer/School: _____

Address: _____

Parent/Legal Guardian Name and Address: _____

How did you learn about the program? _____

Recent medical tests: Last tetanus Shot Date: _____ Tuberculosis Test +/- Date: _____

Hepatitis Series Completed Date: _____

(Consult your physician or local health department if you are not up to date with these shots/tests)

Health History:

Please describe any conditions that would limit your ability to perform any activity at our facility:

Allergies: _____

Medications: _____

Check which areas you are interested in:

- | | | |
|--|---|---|
| <input type="checkbox"/> Horse Handling | <input type="checkbox"/> School Field Trips | <input type="checkbox"/> Parent/ Volunteer Organization |
| <input type="checkbox"/> Side Walking | <input type="checkbox"/> Special Events | <input type="checkbox"/> Facility Repairs |
| <input type="checkbox"/> Stable Management | | |

I am not withholding any medical information that may cause injury, illness or harm to myself or others.
I understand that the information provided above is accurate to the best of my knowledge.

Signature: _____ Date: _____
(Volunteer/staff)

Signature: _____ Date: _____
(If under age 18, Parent/Guardian co-sign)



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Name: _____

Photo Release: (circle one) I DO DO NOT

I consent to and authorize the use and reproduction by CENTAUR STRIDE of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, and exhibitions or for any other use for the benefit of the center.

Background Information:

Have you ever been charged with or convicted of a crime? (Circle one) Y N

If **yes** please explain:

I _____ (volunteer/staff), authorize CENTAUR STRIDE 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 that I expressly **DO NOT** authorize CENTAUR STRIDE, its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization, or corporation.

Do you have a current driver's license? (Circle one) Y N

If so, license ID number _____ State _____

Confidentially Agreement:

I understand that the information provided (written and verbal) about participants at Centaur Stride is confidential and will not be shared with anyone without the expressed written consent of the participant and their parent/guardian (in the case of a minor).

Liability Release:

I will not hold Centaur Stride, Inc., its staff, Board of Directors, or owners of the premises liable for any accident or injury incurred while participating or volunteering in the Centaur Stride sessions or related activities.

Signature: _____ Date: _____
(Volunteer/staff)

Signature: _____ Date: _____
(If under age 18, Parent/Guardian co-sign)