



GREENLOCK THERAPEUTIC RIDING CENTER, Inc.
55 Summer Street – Rehoboth, MA 02769
Telephone: (508) 252-5814

Volunteer/Staff Information Form and Health History

General information

Name: _____ Date: _____

Address: _____

Email Address: _____

Employer/School: _____

Work Address: _____

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

Parent/Legal Guardian Name and Address: _____

How did you learn about the program? _____

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 a therapeutic riding program. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries, or lifestyle changes.

Allergies: _____

Medications: _____

Volunteer/Staff Information Form and Health History *(continued)*

Check which areas you are interested in:

	Program		Special Events			Administrative
	Horse handling		Horse Shows			Public Relations
	Sidewalking with a client		Fundraising			Grant Writing
	Therapist					Photography/Video
	General Stable help					

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: _____
(volunteer/staff; signed in presence of center staff)

Confidentiality Statement

Employee _____ Volunteer _____

As a condition of my involvement at Greenlock Therapeutic Riding Center, Inc. (GTRC), I hereby agree to the following: I will not, without GTRC's Director's written permission, disclose to anyone outside of GTRC any confidential information, or information concerning the clients or business of GTRC. I further understand and agree that if I release any confidential information referred to above, other than to other employees or volunteers of GTRC, or as directed by my Director, my employment or volunteerism may be immediately terminated.

I also understand that this Confidentiality Statement neither expressly nor implicitly creates a contract for employment or volunteerism. My employment or volunteerism may be terminated, either by GTRC or myself, for any reason, at any time, with our without notice.

 Signature of Employee, Volunteer, Parent or Legal Guardian Date

 Witness

SOCIAL SECURITY # REQUIRED FOR STAFF ONLY: _____

PHOTO RELEASE

___ I DO ___ I DO NOT

Consent to and authorize the use and reproduction by **GREENLOCK THERAPEUTIC RIDING CENTER, INC.** 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: _____
 Employee, Volunteer, Parent or Legal Guardian