

Hope's Promise

34 South Road
Chester, NJ 07930
973.868.8808

VOLUNTEER INFORMATION

Name: _____ Date: _____

Phone: (h) _____ (c) _____ (w) _____

Address: _____
Street Town State and Zip

e-mail _____ Date of birth _____

(if under 18) Parent/legal guardian name: _____

Phone: (h) _____ (c) _____ (w) _____

Address (if different): _____
Street Town State and Zip

HEALTH HISTORY

Please describe your current health status. Take into account the physical demands of working in a therapeutic riding program, requiring up to 45 minutes of walking and jogging with a rider. Address fitness, cardiac condition, bone or joint function, any recent surgeries or health problems. NOTE: If unable to jog, you can still work in lessons - we just need to know!

Allergies: _____

Other: _____

Date last Tetanus shot _____ NOTE: important to be current, within last 8 to 10 years

STATEMENT OF UNDERSTANDING

The information provided is accurate to the best of my knowledge. I know of no reason why I should not participate in Hope's Promise lesson program.

Signature: _____ Date: _____

LIABILITY RELEASE

I hereby certify that, being aware of the risks and exposures to personal injury involved through equestrian activities, I hereby release Hope's Promise, LLC, officers, and volunteers assisting in any official capacity on their behalf, from all and every claim for damages which may occur to me or my property in any connection with any lesson, clinic, practice, schooling or any work with horses on the grounds of Hope's Promise, LLC., 34 South Road, Chester, New Jersey.

Signature: _____ Date: _____

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PROMOTIONAL PHOTOGRAPHY RELEASE

I hereby irrevocably consent _____ do not consent _____ to allow Hope's Promise, LLC to use photographs and/or videos of me for any purpose, and in any manner without limitation, including for print media, television, exhibition, publication and any trade or advertising purpose, providing such uses are not made so as to constitute direct endorsement by me of any product or service.

Signature _____ Date _____
Volunteer

BACKGROUND INFORMATION

Have you ever been convicted of a crime? No _____ Yes _____ (if YES, please explain: _____

I, _____(volunteer name) authorize Hope's Promise, LLC to receive information from any law enforcement agency, including police departments, sheriff's departments, of this state or any other state or the federal government, to the extent permitted by state and federal law, pertaining to a criminal background status check, e.g. violations of state or criminal laws.

I understand that such access is for the purpose of considering my application as a volunteer, and will be kept confidential, and that I expressly DO NOT authorize Hope's Promise, LLC, its officer or other volunteers to disseminate this information in any way to any other individual group, agency, organization or corporation.

Signature _____ Date _____
Volunteer, or if under 18, Parent/Legal Guardian

Current driver's License # (if applicable) _____ State _____

CONFIDENTIALITY AGREEMENT

I understand that all information (written and verbal) about participants at Hope's Promise LLC is confidential and will not be shared with anyone without the express written consent of the participant or his/her parent/legal guardian.

Signature _____ Date _____
Volunteer