



# Volunteer Information Form and Health History

## I. General Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Email: \_\_\_\_\_ Circle Primary contact: Home Phone, Cell Phone (Text/Call), or Email

## II. Health History

Are you able to walk for 30 minutes at a time? Circle **YES** or **NO**  
 Date of last Tetanus shot: \_\_\_\_\_ Date of last Tuberculosis test: +/- Date: \_\_\_\_\_

**\*\*Consult your physician if you are not up to date with these shots/tests.**

List any Health Issues, Previous Injuries, or Physical Limitations:

Current Medications:

Information for emergency responders/Allergies:

## III. Authorization for Emergency Medical Treatment & Consent Plan

Green Hill Therapy asks for medical information to ensure the safety of all our volunteers. In the event emergency medical aid/treatment is required due to illness, injury during the process of services, or while being on the property of the agency, I authorize Green Hill Therapy to:

1. Secure and retain medical treatment and transportation if needed.
2. Release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "lifesaving" by the physician. This provision will only be invoked if the person(s) below cannot be reached.

Emergency Contact 1: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_  
 Physician's name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Hospital Preference: \_\_\_\_\_

**Consent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**-OR-**

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of services, or while being on property of the agency. In the event emergency/treatment aid is required, I wish the following procedures to take place:

**Non-Consent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## IV. Confidentiality Agreement

I understand that all information (written and verbal) about participants at Green Hill Therapy is confidential and will not be shared with anyone without the express written consent of the participant and their parent/legal guardian in the case of a minor.

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

**V. Liability Release**

**Warning:** Under Kentucky law, a farm animal activity sponsor, farm animal professional, or other person does not have the duty to eliminate all risks of injury of participation in farm animal activity. There are inherent risks of injury that you voluntarily accept if you participate in farm animal activities. KRS 247.401-247.4029

As a volunteer or guest at Green Hill Therapies, I acknowledge the risks and potential for risks of a horseback riding program. However, I feel the possible benefits to myself and the patients I work with are greater than the risks assumed. I hereby, intending to be legally bound for myself, my heirs and assigns, executors or administrators, waive and release all claims for damages against Green Hill Therapy, its board of directors, instructors, therapists, volunteers, and/or employees for any and all injuries and/or losses I may sustain while participating in Green Hill Therapy's program.

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

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

**VI. Background Information**

Have you ever been charged with or convicted of a crime? Y / N

If yes, please explain:

\_\_\_\_\_

I, \_\_\_\_\_, authorize Green Hill Therapy 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 I expressly DO NOT authorize Green Hill Therapy, its directors, 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

License Number: \_\_\_\_\_ State: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**VII. Photo Release**

I  DO  DO NOT

consent and authorize the use and reproduction by Green Hill Therapy 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: \_\_\_\_\_

Green Hill Therapy reserves the right to decline volunteer applications.

Volunteers must be a minimum of 16 years of age unless in an approved project or group activity.

If under 18, Name of Parent/Guardian: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

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

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

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

Please circle areas that interest you:

**Side walking** - assist therapist during actual hippotherapy sessions. Walk on the other side of the horse from the therapist to secure the child. Scoop poop, move horses from barn, clean equipment, and other horse support.

**Leading Horses** - Tack, lead and manage horse during hippotherapy session. Confidence with horses.

**Barn Help** - Feed, water, groom, and walk horses. Clean stalls, track. Bathe Horses.

**Marketing/Development** (2 hours per week) - Data entry of donor, volunteer, stakeholder information into databases (MailChimp and other software). Mailing thank you notes. Work in Canva (design software) to create social media posts based on images and content provided. Use Facebook/Meta Business Suite to schedule approved social media.

**Clinic Cleaning** (2 hours per week) - Pick up therapy toys. Wipe toys, windowsills, balls, sensory room. Sweep clinic, restrooms, and hallways. Sweep arena rug. Organize toys and therapy materials.

**Facility maintenance** - light electrical, plumbing, repair, and installation. In Clinic and barn. Repair barn, sheds, fence. Remove fallen trees. Cut pasture and trim around barn and therapy area. Special projects.

**Facilities Work Days** (designed for groups) - paint fences, clear brush, build therapy projects. Create, tend gardens. Take out trees. Clean barn. Replace lights.

Green Hill Therapy schedules volunteers for weekly hippotherapy sessions. We ask that volunteers show up at the same day and time each week for a minimum of two hours.

Please check all times during the week that you are available to volunteer:

|             | Monday | Tuesday | Wednesday | Thursday | Friday<br>(No lessons) | Weekend<br>(Feeding only) |
|-------------|--------|---------|-----------|----------|------------------------|---------------------------|
| 8am – 10am  |        |         |           |          |                        |                           |
| 10am – 12pm |        |         |           |          |                        |                           |
| 1pm – 3pm   |        |         |           |          |                        |                           |
| 3pm - 5pm   |        |         |           |          |                        |                           |

How many hours/days a week would you like to volunteer?

Do you have previous horse experience?

Do you have previous experience working with persons with developmental disabilities?

Volunteer Training Date: \_\_\_\_\_