



Volunteer/Staff Information Form and Health History

GENERAL INFORMATION

Date: _____

Name: _____

Address: _____

Employer/School: _____

Address (work): _____

Date of Birth: _____ Phone: _____ Home/Work: _____

Parent/Guardian Name and Address: _____

How did you learn about us? _____

Recent medical tests: Last Tetanus shot? _____ Tuberculosis test? _____ - or + ?

Have you ever been charged with or convicted of a crime? Y N; please explain: _____

I, _____, authorize Buckaroo Barn LLC 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.

I understand that such access is for the purpose of considering my application as an employee/volunteer, and that I expressly DO NOT authorize Buckaroo Barn LLC, employees or other volunteers to disseminate this information in any way to any other individual, group, agency, organization, or corporation.

Signature: _____ Date: _____

Volunteer/staff

Reference: _____ Phone: _____

Reference: _____ Phone: _____

HEALTH HISTORY

Please describe your current health status, particularly regarding the physical/emotional demands of working in a physical therapy/hippotherapy program. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries, or lifestyle changes.



Do you have first aid or CPR certification? yes no
 Can you walk for about 60 minutes? yes no
 Can you jog for short distances? yes no
 Do you have any physical limitations? yes no If yes, please explain: _____

Do you have any other skills, training or other information about yourself that would be useful to Buckaroo Barn, LLC? _____

What other children/youth work experience do you have (please list)?

Organization/Program	Dates	Contact
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you at any time ever:

*been arrested for any reason? yes no
 *been convicted of, or pleaded no contest to, any crime? yes no
 *engaged in, or been accused of, any act of child molestation, exploitation, or abuse? yes no
 Are you aware of:

*having any traits or tendencies that could pose any threat to children, youth, or others? yes no
 *any reason why you should not work with children, youth, or others? yes no

If the answer to any of these questions is yes, please explain in detail: _____

I recognize that Buckaroo Barn, LLC is relying on the accuracy of the information contained herein. Accordingly, I attest and affirm that all of the information that I have provided is absolutely true and correct.

I authorize Buckaroo Barn, LLC to contact any person or entity listed in this application and I further authorize any such person or entity to provide Buckaroo Barn, LLC with information, opinions and impressions relating to my background or qualifications.

I voluntarily release the Buckaroo Barn, LLC and any such person or entity listed herein from liability involving the communication of information relating to my background or qualifications. I further authorize the organization to conduct a criminal background investigation if such a check is deemed necessary.

I have carefully read the policy and procedures of the Buckaroo Barn, LLC and agree to abide by them and to protect the health and safety of the children or youth at all times.

Printed Name: _____

Signature: _____ Date: _____



Authorization for Emergency Medical Treatment

In the event emergency medical aid/treatment is required due to illness or injury during the process of service as a volunteer, or while on the property used by the agency, I authorize Buckaroo Barn, LLC to secure and retain medical treatment, including transportation, if needed, at the nearest medical facility.

Name: _____
Parent/Guardian (minor volunteers): _____
Home Phone: _____
Physician's Name: _____ Office Phone: _____
Emergency Contact: _____
Relationship: _____ Phone: _____
Preferred Medical Facility: _____
Health Insurance Carrier: _____ Phone: _____
Policy No.: _____ Social Security Number: _____

Describe any medical conditions requiring special precautions or treatment (ie. Allergic reactions to bee stings) and/or medications you take on an on-going basis: _____

I, _____, (volunteer) am 18 years of age or over and fully competent to sign this emergency medical form, which I have read and understand, or if under 18 years of age, have obtained the signature of parent/guardian, who, by signature, represents he/she has read and understands this form.

In case of medical emergency or necessity volunteer authorizes Buckaroo Barn, LLC to provide medical assistance as may be necessary or advisable and further authorizes Buckaroo Barn, LLC to seek the assistance of any physician or medical facility to provide any medical/surgical care, including but not limited to hospitalization with said treatment to include anesthesia as necessary or advisable by the physician or medical facility, ending receipt by the physician or medical facility of any other consent to treatment from or on behalf of the volunteer.

Buckaroo Barn, LLC will be under strict supervision and although every effort will be made to avoid any accident the volunteer understands that NO LIABILITY can be accepted by any of the organizations concerned, including Buckaroo Barn, LLC in the event such accident may occur.

Date: _____ Signature: _____



Volunteer Check-Off List

Initial each:

_____ I have read the Buckaroo Barn, LLC volunteer information packet thoroughly and completely.

_____ I have read and signed (or if under 18 years of age, had my parent/guardian sign) the Buckaroo Barn, LLC:

_____ Medical Treatment Release Form

_____ Photo Release Form

_____ Liability Release Form

_____ Confidentiality Form

_____ I have watched the three safety tapes in orientation.

_____ I have practiced leading the therapy horse.

_____ I have practiced emergency dismounts.

_____ I have been shown where the First Aid kit is located.



Consent to Treatment, Waiver, and Release of Liability

In consideration for any being permitted to participate in the activities of Buckaroo Barn, LLC, I acknowledge and agree:

that I request and consent to physical therapy treatment that may include hippotherapy and I have discussed this treatment with my, my child's or the person in my charge and care's doctor;

that activities such as hippotherapy and activities involving equines in general have inherent risks, hazards and dangers that cannot be eliminated, which includes, but are not limited to, the propensity of an equine to behave in ways that may result in injury, harm or death to the persons around them; the conditions of the property, both latent and patent, where the activities are conducted; and the potential of a participant to act in a manner that they may contribute to an accident or injury involving themselves or others;

that it has been recommended and requested that protective gear be worn during any equine activity;

that I believe myself, my child or any person in my charge and care are in appropriate physical condition to engage and participate in hippotherapy and activities involving equines;

that I, my child, or any person in my charge and care shall abide by all rules and regulations of BUCKAROO BARN, L.L.C., whether written or verbal;

that I, my child, or any person in my charge or care shall not consume or be under the influence of any alcohol or impairing drug (prescription or otherwise) while participating in any activity without first notifying the management of BUCKAROO BARN, L.L.C., in writing;

that my participation in any activity at BUCKAROO BARN, L.L.C. is purely voluntary, in spite of the inherent risks, hazards, and dangers of engaging said activities.

In consideration of the foregoing, I hereby authorize BUCKAROO BARN, L.L.C. to perform evaluations and treatments of physical therapy modalities and procedures as per physician's prescription and, further, I for myself, my child, or any persons in my charge and care, my heirs, successors, executors, and subrogees, hereby waive and release, indemnify and hold harmless Pelham Brown Chastang, Kristye Hall Chastang, BUCKAROO BARN, L.L.C., its managers, officers, agents, employees, and volunteers from any and all claims for damage, injury of any kind, or death, suits and/or causes of action of any kind, and liabilities and expenses (including attorney fees) which are related to, arise out of, or are in any way connected with my participation in any activity at BUCKAROO BARN, L.L.C, whether foreseen or unforeseen, including, but not limited to, negligence and property conditions.

WARNING

Under Alabama law, an equine activity sponsor or 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, pursuant to the Equine Activities Liability Protection Act.

READ CAREFULLY BEFORE SIGNING

Date: _____

Patient Name: _____

Patient/Parent/
Guardian/Participant: _____



Volunteer Sign-in Sheet

Name: _____

Phone: Home _____

Cell _____

Hours Available _____

Days Available _____

Date	Time In	Time Out	Total Hours

Total Hours Accumulated: _____