



## Volunteer Information Form & Health History

### Information

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_

Date of Birth: \_\_\_\_\_ Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Employer/School Name: \_\_\_\_\_

Employer/School Address: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Legal Guardian Address: \_\_\_\_\_

How did you learn about McCormick Research Institute?: \_\_\_\_\_

Do you have horse experience? If so, please explain: \_\_\_\_\_

### Interests

Mark the areas in which you have an interest to help:

#### Program

- Horse Handling
- Side walking  
w/Student
- Stable  
Management
- Facility Repairs

#### Special Events

- Horse Show
- Fundraising
- Special  
Olympics
- Trail Rides

#### Administration

- Public  
Relations
- Grant Writing
- Newsletter
- Volunteer  
Recruitment

- Photos/Video
- Budget &  
Finance
- Future  
Planning

**Availability**

\_\_\_\_\_ Mon. am \_\_\_\_\_ Tues. am \_\_\_\_\_ Wed. am \_\_\_\_\_ Thurs. am \_\_\_\_\_ Fri. am \_\_\_\_\_ Sat. am  
\_\_\_\_\_ Mon. pm \_\_\_\_\_ Tues. pm \_\_\_\_\_ Wed. pm \_\_\_\_\_ Thurs. pm \_\_\_\_\_ Fri. pm \_\_\_\_\_ Sat. pm

**Photo Release**

I \_\_\_\_\_ Do \_\_\_\_\_ Do Not

consent to and authorize the use and reproduction by McCormick Research Institute 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: \_\_\_\_\_  
(Volunteer, or Parent/Legal Guardian if under 18)

**Background Information**

Have you ever been charged with or convicted of a crime? \_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, Explain: \_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_ (Volunteer Name), authorize McCormick Research Institute to receive information from any law enforcement agency, including police and sheriff 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 I expressly DO NOT authorize McCormick Research Institute, its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization, or corporation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Volunteer, or Parent/Legal Guardian if under 18)

Current Driver's License? \_\_\_\_\_ YES \_\_\_\_\_ NO

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

**Confidentiality Agreement**

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

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

(Volunteer, or Parent/Legal Guardian if under 18)

**Health History**

Describe your current health status, particularly regarding the physical/emotional demands of working in a therapeutic riding program. Please address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries, or lifestyle changes: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Recent Medical Tests: \_\_\_\_\_ Tetanus Shot Date: \_\_\_\_\_

Tuberculosis Test Date: \_\_\_\_\_ Results: \_\_\_\_\_ Positive \_\_\_\_\_ Negative

I declare 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, or Parent/Legal Guardian if under 18)

**Emergency Contacts**

In the event of an emergency, please contact the following people. If the first contact cannot be reached, the second will then be tried.

1. Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

2. Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

**Emergency Plan**

If emergency medical aid/treatment is required due to illness or injury during the process of receiving services or while being on McCormick Research Institute’s property, I authorize McCormick Research Institute 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.

Volunteer's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Physician’s Name: \_\_\_\_\_

Preferred Medical Facility: \_\_\_\_\_

Health Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Consent Plan**

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) above are unable to be reached.

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

(Volunteer, or Parent/Legal Guardian if under 18)

**Non-Consent Plan**

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

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

(Volunteer, or Parent/Legal Guardian if under 18)

Non-Consent Plan: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Liability Release**

KNOW ALL MEN BY THESE PRESENTS, that

\_\_\_\_\_ and \_\_\_\_\_  
Volunteer's Name Parent/Legal Guardian's Name if under 18

Residing at: \_\_\_\_\_,

Volunteer with parent or legal guardian's consent hereby desires to engage in the following equine activity, to wit: HEAVENLY HOOVES/MCCORMICK RESEARCH INSTITUTE, located in Osceola County, Florida. For and in consideration of the above activities and services; receipt and sufficiency of which is hereby acknowledged, Volunteer/Volunteer's parent/legal guardian hereby does forever and finally release, remise, acquit, satisfy, and forever discharge Osceola County (Florida) and all related entities including Osceola County Board of Commissioners, and all of their past, present and future partners, owners, directors, officers, shareholders, representatives, agents, and employees, and all of their respective successors and assigns, individually and in their official capacities (collectively, "Released Parties") and McCormick Research Institute Inc., (dba Heavenly Hooves) a Florida Corporation and all related entities; officers, directors, agents, sponsors and employees of and from all manner of action and actions; cause and causes of action, suit, debts, dues, sums of money, bonds, billings, contracts, controversies, agreements, promises, damages, variances, judgments, executions, claims, and demands whatsoever, in law or in equity, which may arise or might in the future arise, herein after may arise for or against the equine activity sponsor for the activities stated above. This document is meant to be a full and complete release from any and all liability that may arise from participating in the above described equine activity, or from any activity the volunteer may engage on the equine activity sponsor's and Osceola County property in preparation for the above described equine activity. This release is given freely and voluntarily by the parent/legal guardian of volunteer and is meant to remain in existence throughout the period prior to and throughout the duration of the equine activity.

**Under Florida law, an equine activity sponsor or equine professional is not liable for any injury to, or the death of, a volunteer in equine activities resulting from the inherent risks of equine activities. FLORIDA STATE STATUTE-CHAPTER 773.**

This release and indemnity has been carefully and fully read by the undersigned, and the undersigned fully understands its terms and conditions, and has voluntarily executed and delivered this release of indemnity as of this \_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_

I, \_\_\_\_\_ (Volunteer, or Parent/Legal Guardian in under 18), parent/legal guardian of \_\_\_\_\_ (Volunteer's Name) have read the above release and indemnity in full, and I consent and agree with the terms set forth. I fully understand its terms and conditions, and I hereby voluntarily execute and deliver this release and indemnity and consent to \_\_\_\_\_'s participation in the activities. I further agree to be fully bound by the terms and conditions of the Release and Indemnity in both my individual capacity and in my capacity as parent/legal guardian for the individual as indicated above.

PRINT NAME: \_\_\_\_\_ (Volunteer, or Parent/Legal Guardian in under 18)

SIGNATURE: \_\_\_\_\_ (Volunteer, or Parent/Legal Guardian in under 18)