



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 Intl. 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: _____

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)