

**VOLUNTEER INFORMATION SHEET** *(please print)*

Name \_\_\_\_\_

Birthdate \* \_\_\_\_\_ (for accreditation)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

\*\*Please note that STARS & STRIDES STABLES will not accept applicants into our volunteer program who have been arrested for, or convicted of crimes against persons and/or animals. You may be subject to a background check as part of this application process.

**CONFIDENTIALITY AGREEMENT**

Stars & Strides Stables recognizes the right of participants and their families to have privacy over any information that may be personal or sensitive. In order to respect that right, we require all volunteers and staff to sign a non-disclosure agreement. Any persons violating these policies will be subject to penalties ranging from reprimand to alteration of responsibilities to termination and legal action. Information considered to be confidential includes all medical, familial, social, referral, personal & financial concerns regarding a participant and/or his/her family. Such information is considered confidential regardless of how it is obtained, whether directly from the participant or family, STARS & STRIDES STABLES staff, volunteers or others in association with STARS & STRIDES STABLES, or inadvertently from other sources, such as but not limited to a chart, computer screen or overheard conversation. Consent to disclose information to outside individuals or agencies, including photographs and videotapes, should be obtained in writing from the proper legal representative. Adults age 18 and over with development disabilities are presumed to be competent to give consent unless they have specifically been found incompetent in a court of law. In such a case, a substitute decision-maker would be assigned, and any consent must be obtained from that person.

I have read and understand the confidentiality policy as described and agree to observe its principles.

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

Volunteer, Parent or Guardian (Parent or Guardian Signature if Volunteer under 18)

Print Name \_\_\_\_\_



## VOLUNTEER QUESTIONNAIRE *(please print)*

How did you hear about STARS & STRIDES STABLES?

- Newspaper     Volunteer Agency     Company publication/website      
 Bulletin Board     School     Volunteer Fair     Friend  
 NARHA     STARS & STRIDES STABLES website     Driving by  
 Other: \_\_\_\_\_

Do you have horse experience? (circle) Little / None/ Some/ Considerable

Briefly describe experience:

Are you comfortable working around horses? (circle) Yes or No

What is your availability? (check all that apply)

- Weekday mornings     Weekday afternoons     Weekday evenings  
 Saturday mornings     Saturday afternoons

Do you have training or experience working with people with disabilities?  
(circle) Yes or No

Briefly describe experience:

Are you able to walk for 45 minutes and jog short distances? (circle) Yes or No

If no, please explain:

Given a chance to switch sides or change positions, are you able to hold your arm above shoulder height and support a rider's weight? (circle) Yes or No

If no, please explain:

Do you have any health issues or physical limitations that we should be aware of?  
(circle) Yes or No

If yes, please explain:

Please provide a minimum of one reason you are interested in volunteering for STARS & STRIDES STABLES:



Please list the names of any programs or agencies for which you have volunteered in the last 5 years and briefly describe your duties:

Have you ever been arrested for, or convicted of, a crime against a person or animal?  
(circle) Yes or No

Have you ever been listed on a registry for child abuse?  
(circle) Yes or No

Please indicate other interests or skills: (check all that apply)

- Special events:       Special Olympics       Grant Writing  Marketing/PR
- General Office/Mailings       Board participation       Schooling Horses
- Newsletter  Research Prospects  "Mane" House Parties  Horse care
- Website/Web Design  Computers/IT  Other: \_\_\_\_\_

Please list THREE people, not related to you, who can provide a personal or professional reference:

NAME and PHONE NUMBER

- 1.
- 2.
- 3.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Guardian signature if volunteer is under 18 years of age)