Rising Hope Farms

3775 Bethany Church Road
Claremont, NC 28610
828-638-0879

Volunteer Information Form

General Information

Name:_____

Address:_____

Employer/School:_____

Date of Birth:_____ **Email:**_____

Home Phone:_____ **Cell Phone:**_____

Best Way to Reach You: ☐ **Text** ☐ **Message** ☐ **Email** ☐ **Telephone Call** ○ **Home Phone** ○ **Cell Phone**

If under age 18: Parent/Legal Guardian Name:_____

Parent/Legal Guardian Address:_____

How did you learn about the program?_____

Have you ever volunteered/worked with any other therapeutic riding programs? ☐ **Y** ☐ **N If yes, please explain what your responsibilities were:**_____

_____

What type of experience have you had with horses (if any?)_____

_____

Day(s) Available (check all that apply): ☐ **Tuesday** ☐ **Saturday** ☐ **Wednesday** ☐ **Other (special events)**

PHOTO RELEASE

I ☐ **DO** or ☐ **DO NOT** consent to and authorize Rising Hope Farms the use and reproduction of any and all photographs and any other audio/visual materials taken of me for promotional materials, educational activities, exhibitions or for any other use for the benefit of the program.

ASSURANCE OF CONFIDENTIALITY

I understand that all information (written and verbal) about participants at Rising Hope Farms is confidential and will not be shared with anyone without express written consent of the participant and his/her parent/guardian in the case of a minor. I further understand the liability of persons with access to rider information and hereby agree to protect and preserve the confidential nature of all such information to which I have access.

Understood and AGREED (Initials):_____

Have you ever been convicted of a crime? ☐ **Yes** ☐ **No If yes, please explain:**_____

_____

BACKGROUND CHECK

All volunteers (over 18 years of age) must have a current background check. Background checks are conducted by CastleBranch at the volunteer's expense. Information may be found at http://risinghopefarms.com/volunteers/.

THE INFORMATION PROVIDED, TO THE BEST OF MY KNOWLEDGE, IS ACCURATE AND I KNOW OF NO REASON WHY I SHOULD NOT PARTICIPATE IN THIS CENTER'S PROGRAM.

Signature:_____ **Date:**_____

Witness (RHF Staff/Volunteer):_____ **Date:**_____

To be signed in the presence of RHF Staff/Volunteer