



GaitWay Therapeutic Horsemanship Volunteer Registration Form

Name _____ Birth Date _____ Height _____

Address _____ City _____ State _____ Zipcode _____

Home Phone _____ Cellular Phone _____

E-mail _____ GaitWay uses email as an important part of its communication process. Please check here if you would prefer not to receive announcements of GaitWay's activities or events.

Occupation _____ Employer _____

If under age 18, Name of Parent/Guardian _____

Home Phone _____ Work Place _____ Work Phone _____

In Case of Emergency, notify _____ Home Phone _____

Relationship _____ Work Phone _____

Physician _____ Phone _____

Hospital _____ Phone _____

1. Do you have any medical conditions which we should know about to insure your personal and /or client safety, such as asthma, allergies, diabetes, physical limitations, etc.? Yes No

Please describe _____

2. Can you walk for 60 minutes, jog for short distances, keep up with a walking or trotting horse and hold your arm above shoulder height while supporting a modest weight? Yes No

****Safety of our clients and volunteers is top priority: therefore, volunteers who wish to be horse leaders must have extensive experience with horses.*

3. Are you interested in trying out to be a GaitWay Horse Leader at this time? Yes No

Please describe as completely as possible your level of horse expertise (own horse, lessons, show, train):

4. Do you have experience working with people with disabilities and/or dysfunction? Yes No

Tell us briefly why you would like to volunteer for therapeutic riding: _____

5. Please check the tasks you would be interested in performing for GaitWay:

Programs

- Horse handling
- Sidewalking students
- Stable management
- Facility repairs

Special Events

- Horse show
- Fundraising
- Special Olympics
- Trail rides

Administration

- Public relations
- Grant writing
- Newsletter
- Volunteer recruitment
- Photography/video
- Budgets & finance
- Future planning

6. Do you have any special talents you would like to share (for example, sign language, artistic, carpentry skills)

7. Are you able to volunteer _____ during the week: _____ am _____ pm _____ only on weekend's _____ both

8. How did you learn about Gaitway Therapeutic Horsemanship? _____

9. Are you fulfilling community service hours? Yes No Organization? _____

10. Does your spouse's/parent's current/former employer support charitable organizations? _____

Name of company: _____ Contact Person _____

CONSENT FOR CRIMINAL BACKGROUND CHECK

The Department of Public Safety suggests the following information for identification purposes: Social Security number, driver's license number and length of residence in Louisiana. Additionally, each volunteer who is to be screened must sign an authorization/waiver/indemnity form giving approval for GaitWay Therapeutic Horsemanship, hereinafter known as GaitWay, to perform the criminal background search. The following additional information is helpful for a criminal background history: full name, maiden and any other names used; date of birth, sex and race.

Name _____ (last) _____ (first) _____ (Middle)

Address _____ City _____ State _____ Zip _____

Social Security No.: _____ Drivers License No.: _____ State of Issue: _____

Date of Birth: _____ Have you ever been charged or convicted of a crime? Yes No Please explain: _____

Maiden or Other Name(s) Used:

Name: _____ (Last) _____ (First) _____ (Middle)

Name: _____ (Last) _____ (First) _____ (Middle)

Name: _____ (Last) _____ (First) _____ (Middle)

RELEASE:

I, _____ authorize Gaitway Therapeutic Horsemanship (hereinafter referred to as GaitWay) or its representatives to receive information from any law enforcement agency, including police departments, sheriff departments, state police or any state or federal agencies to the extent permitted by state and federal laws, pertaining to any arrests or convictions I may have had for any violations of state or federal criminal laws, including but not limited to convictions for crimes committed upon children. I understand that the information will be used to determine my eligibility for a volunteer position with this organization, and I expressly **DO NOT** authorize the center, it's directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization or corporation unless required by law.. I also understand that, as long as I remain a volunteer with GaitWay the criminal history record check may be repeated at any time. I understand that I will be able to review the criminal history and a procedure is available for clarification if I dispute the record received.

I do, for myself, my heirs, executors, and administrators, hereby remise, release, and forever discharge and agree to indemnify and hold harmless GaitWay or its representatives and each of their officers, directors, employees and agents, from any and all related attorney's fees, court costs, and other expenses resulting from the investigation of my background in connection with my application to become a volunteer with GaitWay.

I have read and understand all of the information that has been given on both sides of this document. I also assert that all of the information that has been supplied by me is true and correct.

Signature of Volunteer _____ Date _____

I represent to GaitWay that I am the parent/legal guardian of the Volunteer whose signature appears above. On behalf of that Volunteer, I agree and accept all of the provisions of the foregoing Consent Criminal Background History Check. I am authorized to sign this Statement on the behalf of the Volunteer and my doing so legally binds the Volunteer as if he/she were not a minor.

Signature of Parent/Legal Guardian _____ Date _____

Please return completed forms to: GaitWay Therapeutic Horsemanship, 6555 Pikes Lane,

Baton Rouge, LA 70808 Phone 225-766-1614

Thank You for Your Interest in GaitWay Therapeutic Horsemanship!