

# Hope's Promise, LLC

34 South Road  
Chester, NJ 07930  
973.714.8410

## VOLUNTEER INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: (h) \_\_\_\_\_ (c) \_\_\_\_\_ (w) \_\_\_\_\_

Address: \_\_\_\_\_  
Street Town State and Zip

e-mail \_\_\_\_\_ Date of birth \_\_\_\_\_

(if under 18) Parent/legal guardian name: \_\_\_\_\_

Phone: (h) \_\_\_\_\_ (c) \_\_\_\_\_ (w) \_\_\_\_\_

Address (if different): \_\_\_\_\_  
Street Town State and Zip

### HEALTH HISTORY

Please describe your current health status. Take into account the physical demands of working in a therapeutic riding program, requiring up to 45 minutes of walking and jogging with a rider. Address fitness, cardiac condition, bone or joint function, any recent surgeries or health problems. NOTE: If unable to job, you can still work in lessons - we just need to know!

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

Other: \_\_\_\_\_

Date last Tetanus shot \_\_\_\_\_ NOTE: important to be current, within last 8 to 10 years

### STATEMENT OF UNDERSTANDING

The information provided is accurate to the best of my knowledge. I know of no reason why I should not participate in Hope's Promise lesson program.

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

### LIABILITY RELEASE

I hereby certify that, being aware of the risks and exposures to personal injury involved through equestrian activities, I hereby release Hope's Promise, LLC, officers, and volunteers assisting in any official capacity on their behalf, from all and every claim for damages which may occur to me or my property in any connection with any lesson, clinic, practice, schooling or any work with horses on the grounds of Hope's Promise, LLC., 34 South Road, Chester, New Jersey.

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

## Volunteer Information - Page Two

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### PROMOTIONAL PHOTOGRAPHY RELEASE

I hereby irrevocably consent \_\_\_\_\_ do not consent \_\_\_\_\_ to allow Hope's Promise, LLC to use photographs and/or videos of me for any purpose, and in any manner without limitation, including for print media, television, exhibition, publication and any trade or advertising purpose, providing such uses are not made so as to constitute direct endorsement by me of any product or service.

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

Volunteer

### BACKGROUND INFORMATION

Have you ever been convicted of a crime? No \_\_\_\_\_ Yes \_\_\_\_\_ (if YES, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_ (volunteer name) authorize Hope's Promise, LLC to receive information from any law enforcement agency, including police departments, sheriff's departments, of this state or any other state or the federal government, to the extent permitted by state and federal law, pertaining to a criminal background status check, e.g. violations of state or criminal laws.

I understand that such access is for the purpose of considering my application as a volunteer, and will be kept confidential, and that I expressly DO NOT authorize Hope's Promise, LLC, its officer or other volunteers to disseminate this information in any way to any other individual group, agency, organization or corporation.

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

Volunteer, or if under 18, Parent/Legal Guardian

Current driver's License # (if applicable) \_\_\_\_\_ State \_\_\_\_\_

### CONFIDENTIALITY AGREEMENT

I understand that all information (written and verbal) about participants at Hope's Promise LLC is confidential and will not be shared with anyone without the express written consent of the participant or his/her parent/legal guardian.

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

Volunteer