



Crossroads Center

Rena Cross, Executive Director 18252 Road 4 Liberal, Kansas 67901 620-629-5107

Volunteer/Staff Information Form and Health History

(to be completed by volunteer/staff participant or parent/legal guardian of participant)

General information

Name: _____ Date: _____

Address: _____

Date of Birth: _____ Phone: (H) _____ (W) _____

E-mail: _____

Employer/School: _____

Address: _____

Parent/Legal Guardian Name and Address (if applicable): _____

Recent medical tests: Last Tetanus Shot: _____ Tuberculosis Test: + -- Date: _____

(Consult with your physician or local health department if you are not up to date with these shots/tests. We recommend that you receive annual flu vaccinations. Remember, you are working with clients that may have compromised immune systems.)

Health History

Please describe your current health status, particularly regarding the physical/emotional demands of working in an equine assisted program. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries, or lifestyle changes.

Allergies: _____

Medications: _____

Skills / Interests

Check which areas you are interested in:

Program Volunteer

- ☐ Horse Handling
- ☐ Sidewalking with a Student
- ☐ Stable Management
- ☐ Facility Repairs

Special Events

- ☐ Horse Show
- ☐ Fundraising
- ☐ Special Olympics
- ☐ Trail Rides

Administration

- ☐ Public Relations
- ☐ Grant Writing
- ☐ Newsletter
- ☐ Volunteer Recruitment
- ☐ Photography/Video
- ☐ Budget & Finance
- ☐ Future Planning

Please describe below any additional special skills or interests you have that might be helpful to the Crossroads Center. Is there anything that you are particularly interested in doing?

Signature: _____ Date: _____

(volunteer/staff participant or parent or legal guardian where applicable)

All volunteer/staff participants must also fill out a Release of Liability form, Photo Release form, and Emergency Medical Treatment form. Volunteer / staff information must be updated annually.

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Background Information

Have you ever been charged with or convicted of a crime? Yes No (circle one) ; please explain below:

I, _____ (volunteer/staff), authorize *Crossroads Center* to receive information from any law enforcement agency, including police departments and sheriff's 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 or animals.

I understand that such access is for the purpose of considering my application as an employee/volunteer, and that I expressly DO NOT authorize the Crossroads Center, 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/staff)

CURRENT DRIVER'S LICENSE Yes No (circle one)

LICENSE NUMBER _____ STATE _____

Confidentiality Agreement

I understand that all information (written and verbal) about participants at the Crossroads Center, Inc. is confidential and will not be shared with anyone without the expressed written consent of the participant and their parent/guardian in the case of a minor.

Crossroads Center, Inc. honors volunteer and participant confidentiality requirements. We recognize volunteer and participant medical and personal information is confidential and protected by law.

Crossroads Center, Inc. does maintain a volunteer and participant database. Exchange of volunteer and participant information between Crossroads Center staff, volunteers, and participants is, and will be, conducted in a confidential setting.

Crossroads Center, Inc. staff, volunteer, and participant information, including names(s), address or telephone number(s) is not to be distributed to any other organization or individual.

I have read and agree to the terms of this agreement.

Signature: _____ Date: _____

(volunteer/staff participant)

Signature: _____ Date: _____

(parent or legal guardian where applicable)