

Wings of Eagles Ranch

VOLUNTEER/STAFF INFORMATION FORM AND HEALTH HISTORY Summer Camp 2008

Please check which camp you will be volunteering for:
 Young Wranglers
 Adventurers' Camp
 Horse Lovers'
 Adult Camp

Name: _____ Date: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____ Cell: _____ DOB: ____/____/____

Parent/Legal Guardian Name: _____ Male _____ Female

E-Mail Address (please print clearly): _____

How did you learn about the program? _____

Do you know CPR? ____ Yes ____ No Do you have first aid training? ____ Yes ____ No

Are you a certified lifeguard? ____ Yes ____ No Date of Last Tetanus Shot: _____

HEALTH HISTORY

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

Allergies:

Medications:

- | | |
|---|--------------|
| ▪ Had any recent injury, illness, or infectious disease? | __ No __ Yes |
| ▪ Have a chronic or recurring illness/condition? | __ No __ Yes |
| ▪ Ever been hospitalized? | __ No __ Yes |
| ▪ Ever had surgery? | __ No __ Yes |
| ▪ Have frequent headaches? | __ No __ Yes |
| ▪ Ever had a head injury? | __ No __ Yes |
| ▪ Ever had frequent ear infections? | __ No __ Yes |
| ▪ Ever had problems with joints, i.e. knees, ankles? | __ No __ Yes |
| ▪ Have problems sleepwalking? | __ No __ Yes |
| ▪ Have any skin problems, i.e. itching, rash, acne? | __ No __ Yes |
| ▪ Ever had back problems? | __ No __ Yes |
| ▪ Had mononucleosis in the past 12 months? | __ No __ Yes |
| ▪ Had high blood pressure? | __ No __ Yes |
| ▪ Ever been diagnosed with a heart murmur? | __ No __ Yes |
| ▪ Ever had seizures/epilepsy? | __ No __ Yes |
| ▪ If female, have an abnormal menstrual history? | __ No __ Yes |
| ▪ Ever sought professional help for emotional difficulties? | __ No __ Yes |
| ▪ Ever been dizzy during or after exercise? | __ No __ Yes |
| ▪ Ever had chest pain after exercise? | __ No __ Yes |
| ▪ Ever required hospitalization after trauma? | __ No __ Yes |
| ▪ Ever had an eating disorder? | __ No __ Yes |
| ▪ Have know drug allergies? | __ No __ Yes |
| ▪ Have diabetes? | __ No __ Yes |
| ▪ Have asthma? | __ No __ Yes |

Please explain any "yes" answers: _____

PHOTO RELEASE

I DO DO NOT

Consent to and authorize the use and reproduction by Wings of Eagles Ranch of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Signature: _____ Date: _____
Volunteer

Signature: _____ Date: _____
Parent if Volunteer is under 18

BACKGROUND INFORMATION (FOR AGE 18 AND ABOVE ONLY)

Have you ever been charged with or convicted of a crime? ____ Yes ____ No.

If yes, please explain: _____

I, _____, authorize Wings of Eagles Ranch 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.

I understand that such access is for the purpose of considering my application as an employee/volunteer, and that I expressly DO NOT authorize Wings of Eagles Ranch, its directors, officers, employees, or other volunteers to disseminate this information in any way to any individual, group, agency, organization or corporation.

Signature: _____ Date: _____

Current Driver's License? ____ Yes ____ No License No. _____ State _____

Dated: _____

The information provided above is accurate to the best of my knowledge. I know of no reason why I should not participate in Wings of Eagles' program.

Signature: _____ Date: _____
(Volunteer)

Signature: _____ Date: _____
(Parent if Volunteer is under 18)

