

Welcome to ACCESS ADVENTURE

Please complete, and join in our adventures

General Information

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Employer/School: _____

Address: _____

Date of Birth: _____

Phone (H) _____ (C) _____ (W) _____

Email address: _____

(Minor) Parent/Legal guardian Signature: _____

Check your areas of interest:

_____ Carriage driver _____ Groom _____ Stable duties _____ Publicity _____ Fundraising

_____ Special Events _____ Client assistance _____ Therapeutic Program

_____ Other (describe) _____

Health History

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

Allergies: _____

Medications: _____

Last Tetanus shot: _____ Tuberculosis test +, date: _____

Volunteer Liability Release

As a volunteer for the Access Adventure Driving Program, I acknowledge the risks and potential for risks of a carriage driving program. However, I believe that the possible benefits to the clients that I work with and myself are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs, and assigns, executors or administrators, waive and hereby release forever, all claims for damages against the Access Adventure Driving Program, Solano Land Trust, Muir Heritage Land Trust, Rush Ranch Education Council, Instructors, Therapists, Aides, Volunteers and/or Employees for any and all injuries and/or losses I/ my child/ my ward may sustain while participating in the Access Adventure Driving Program. .

Signature: _____

Date: _____

Please complete reverse side of form.

Access Adventure Volunteer or Staff Interview/Orientation

Background Information:

Have you ever been charged with or convicted of a crime? Y___N___

Please explain: _____

Do you have any history of committing physical violence? Y___N___

Please explain: _____

Confidentiality Agreement:

I understand that all information (written and verbal) about participants in the Access Adventure Driving Program is confidential and will not be shared with anyone without the express written consent of the participant and their parent/guardian in case of a minor.

Photo Release:

_____ I DO

_____ I DO NOT

Consent to and authorize the use and reproduction by the Access Adventure Driving Program 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 to benefit the program.

Signature: _____ Date _____

Interview:

Experience with horses: _____

Experience with driving: _____

Experience with equine facilitated therapeutic programs: _____

Other related skills and experience: _____

Staff Use Only:

Program Introduction completed: Date: _____ Staff signature: _____

Safety orientation completed: Date: _____ Staff signature: _____

Please mail form to ACCESS ADVENTURE
P. O Box 2852, Fairfield, CA 94533
For more information see www.access-adventure.org