

Access Adventure Driving Program 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 therapeutic programs: _____

Other related skills and experience: _____

Staff Use Only:

Program Introduction completed: Date: _____ Staff signature: _____

Safety orientation completed: Date: _____ Staff signature: _____

Please complete reverse side of form