

MAHALA'S HOPE

The Choice for Recovery

General Information:

Name _____

Address _____ Home Phone _____

City, State, Zip _____ Cell Phone _____

Home E-mail _____

Occupation: _____

If under 18 years of age, complete the following (must be at least 16 years of age to volunteer):

Name of Parent or Guardian _____ Home Phone _____

Address _____ Work Phone _____

City, State, Zip _____

Parent or Guardian's Employer _____

Other Responsible Person _____ Phone _____

Emergency Contact

Name _____ Phone _____ Cell _____

Relationship _____

Check Those Areas In Which You May Have Experience or An Interest In:

Experience	Interest	Experience	Interest
<input type="checkbox"/>	<input type="checkbox"/> Horse Handling	<input type="checkbox"/>	<input type="checkbox"/> Photography/Video
<input type="checkbox"/>	<input type="checkbox"/> Newsletter (Desktop Publishing)	<input type="checkbox"/>	<input type="checkbox"/> Office Assistant
<input type="checkbox"/>	<input type="checkbox"/> Grant Writing	<input type="checkbox"/>	<input type="checkbox"/> Marketing Projects
<input type="checkbox"/>	<input type="checkbox"/> Fundraising	<input type="checkbox"/>	<input type="checkbox"/> Special Project Committees

While it is not necessary for volunteers to have previous experience with horses, if you do have experience, please tell us:

Other talents or volunteering experience you would like to share:

Health

Allergies: _____

Medical Concerns (that we need to be aware of:

References (Name, Address, and Phone):

1. _____
2. _____
3. _____

Background Information:

Have you ever been charged with or convicted of a crime? No Yes Please explain _____

CURRENT DRIVER'S LICENSE: Yes No LICENSE NUMBER _____
STATE _____

I, _____ (volunteer/staff), authorize Mahala's Hope Inc. to receive information from any law enforcement agency, including police departments and sheriff's departments, of this state or any other state or federal governments, 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 Mahala's Hope, Inc. 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)

I understand that the information provided above is accurate to the best of my knowledge.

Signature: _____ Date: _____

MEDICAL TREATMENT CONSENT PLAN

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or any other use for benefit of the agency.

I authorize Mahala's Hope, Inc. to:

1. Secure and retain medical treatment and transportation if needed.
2. Release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

This authorization includes X-ray, hospitalization, medication and any treatment procedure deemed "life-saving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

Consent Signature _____ Date _____

MEDICAL TREATMENT NON-CONSENT PLAN

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency.

_____ Parent or legal guardian will remain on site at all times during equine assisted activities.

_____ In the event emergency treatment/aid is required, I wish the following procedure to take place:

Non Consent Signature _____ Date _____