

**SONRISAS THERAPEUTIC RIDING INC.**  
**PO Box 1093 SAN ANGELO, TX 76902**  
**(325) 949-4837**

NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

VOLUNTEER OF: COMMUNITY-AT-LARGE: \_\_\_\_\_ ASU: \_\_\_\_\_  
KIDS HELPING KIDS/SCHOOL: \_\_\_\_\_ GAFB: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

WORK ADDRESS/NAME \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

NAME OF SCHOOL (if student)/EMPLOYER \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SS#: \_\_\_\_\_

HOW DID YOU LEARN ABOUT SONRISAS? \_\_\_\_\_  
\_\_\_\_\_

DRIVERS LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_

DO YOU HAVE ACCESS TO A CAR? \_\_\_\_\_ LIABILITY INSURANCE? \_\_\_\_\_

MILITARY SERVICE DATES: \_\_\_\_\_ BRANCH: \_\_\_\_\_

DATE/TYPE OF DISCHARGE: \_\_\_\_\_

WHEN ARE YOU AVAILABLE? \_\_\_\_\_ DAYS? \_\_\_\_\_ EVENING? \_\_\_\_\_ WEEKENDS? \_\_\_\_\_

HIGH SCHOOL GRAD? \_\_\_\_\_ GED? \_\_\_\_\_ COLLEGE MAJOR? \_\_\_\_\_

DEGREE (S)/DATES ATTENDED? \_\_\_\_\_

SPECIAL TRAINING OR CERTIFICATIONS: \_\_\_\_\_

BI-LINGUAL? \_\_\_\_\_ WHAT LANGUAGE(S)? \_\_\_\_\_

EMPLOYMENT/POSITION: \_\_\_\_\_

PREVIOUS VOLUNTEER OR HORSE EXPERIENCE: \_\_\_\_\_

CURRENT VOLUNTEER ACTIVITIES? \_\_\_\_\_

DO YOU HAVE ANY ALLERGIES, REACTIONS TO MEDICATIONS, OR ANY OTHER PHYSICAL OR OTHER LIMITATIONS WE NEED TO BE AWARE OF? (Note: you may want to consider updating your tetanus shot, as you will be working in an outdoor environment.):  
\_\_\_\_\_  
\_\_\_\_\_

RECENT MEDICAL TESTS: Last Tetanus Shot: \_\_\_\_\_ Tuberculosis Test: + - Date: \_\_\_\_\_

PERSONAL REFERENCES (one reference other than spouse or immediate relatives):  
NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR A FIRST DEGREE MISDEMEANOR? IF SO, WHAT CHARGE? \_\_\_\_\_

Check areas you are interested in: Leading: \_\_\_\_\_ Sidewalking: \_\_\_\_\_ Horse Care & Feed: \_\_\_\_\_  
Publicity: \_\_\_\_\_ Office: \_\_\_\_\_ Video/Photography: \_\_\_\_\_ Facility Work/Repairs: \_\_\_\_\_  
Newsletter: \_\_\_\_\_ Work on Fundraisers/Special Events (Dinner Auction/Ride-A-Thon/Other): \_\_\_\_\_  
Volunteer Recruitment: \_\_\_\_\_ Grant Writing: \_\_\_\_\_ Budget Finance: \_\_\_\_\_ Future  
Planning: \_\_\_\_\_

As a volunteer of the Sonrisas Therapeutic Riding Program, I understand that all client information is confidential. I understand and agree not to discuss or make written reports without prior approval from the Executive Director. I also agree that at no time will I use the last name of any client. I also acknowledge that any information provided in this form may be used for a background check should a situation arise which should require such a check.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

IN CASE OF EMERGENCY:

NAME: \_\_\_\_\_ RELATION: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_ HOSPITAL: \_\_\_\_\_

INSURANCE POLICY AND NUMBER: \_\_\_\_\_

I, \_\_\_\_\_ (volunteer/staff), authorize **Sonrisas Therapeutic Riding** to receive information from any law enforcement agency, including police department 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 considering my application as an employee/volunteer, and that I expressly DO NOT authorize Sonrisas Therapeutic Riding, 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)

**PHOTO RELEASE**

I  DO  
 DO NOT

consent to and authorize the use and reproduction by Sonrisas Therapeutic Riding, Inc. of any and all photographs and any other audiovisual materials taken of me for promotional printed material, educational activities or any other use for the benefit of the program.

Confidentiality Agreement

I understand that all the information (written and verbal) about participants at this NARHA center is confidential and will not be shared with anyone without the expressed written consent of the participant and his or her parent/guardian in the case of a minor.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(volunteer/staff)