



# Cochise Area Network of Therapeutic Equestrian Resources, C.A.N.T.E.R.

PO Box 1316, Sierra Vista, AZ 85636

## Volunteer/Staff Application and Health History

Name  D.O.B  Date

Cell Phone  Home Phone  E-mail

Address  City  State  Zip

Employer/School  Address

City  State  Zip  Phone Number

Legal Guardian  Address

City  State  Zip  Phone Number

How did you hear about this program?

### Health History

Please describe your current health status, particularly regarding your physical/emotional ability to meet the demands of working in an equine assisted program. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries, or lifestyle changes.

Allergies  Medications

### Confidentiality Agreement

I understand that all information (written and verbal) about participants at CANTER is confidential and will not be shared with anyone without the expressed written consent of the participant and the participant's parent/legal guardian in the case of a minor.

Signature (Volunteer or legal guardian)  Date

I do  I do not

### PHOTO RELEASE

consent to and authorize the use and reproduction of any and all photographs and audio/visual materials taken of me by the Cochise Area Network of Therapeutic Equestrian Resources (CANTER) for promotional material, educational activities, exhibitions, or for any other use for the benefit of the program.

Signature (Volunteer or legal guardian)  Date

Please check area's of interest below:

Programs	Special Events	Administration	
<input type="checkbox"/> Horse Handling	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Public Relations	<input type="checkbox"/> Photography/video
<input type="checkbox"/> Sidewalking with student	<input type="checkbox"/> Special Olympics	<input type="checkbox"/> Grant writing	<input type="checkbox"/> Budget and Finance
<input type="checkbox"/> Stable management	<input type="checkbox"/> Activity Days	<input type="checkbox"/> Newsletter	
<input type="checkbox"/> Facilities Repair	<input type="checkbox"/> Volunteer Training Days	<input type="checkbox"/> Volunteer Recruitment	

I understand the information provided above is accurate to the best of my knowledge. I know of no reason why I should not participate in CANTER's program.

Signature (Volunteer or legal guardian)  Date