

Volunteer Form



**Personal History**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Current Date: \_\_\_\_\_  
 Maiden Name (if applicable): \_\_\_\_\_ Nickname: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Previous Address if less than 2 years at current location: \_\_\_\_\_  
 School/Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Parent/Guardian (If under 18)  
 Have you or your parent/Guardian ever served in the Military YES NO (circle one)  
 Are you or your parent/Guardian currently serving in the Military YES NO  
 What branch of the Military have you or your parent/guardian served? \_\_\_\_\_  
 How did you find out about OAT? \_\_\_\_\_  
 Do you have experience working with persons with special needs? YES NO  
 Please describe: \_\_\_\_\_  
 Do you have experience working with horses? YES NO  
 Please describe: \_\_\_\_\_  
 Which best describes your desire to Volunteer? (circle one) Personal School Career Community Service  
 Please describe in your own words what you hope to contribute to OAT \_\_\_\_\_  
 \_\_\_\_\_  
 Please describe in your own words what you hope to gain from OAT \_\_\_\_\_  
 \_\_\_\_\_

**Health History**

*This information is confidential and will only be used in case of accident or injury while volunteering in an OAT related function.*

Date of last Tetanus: \_\_\_\_\_ Date of last Tuberculosis test: \_\_\_\_\_  
 List all Allergies: \_\_\_\_\_  
 List all Medications taken regularly: \_\_\_\_\_  
 Please list any medical conditions which could be affected by volunteering for OAT (fitness, cardiac, pulmonary, bone or joint, mental/emotional conditions, recent hospitalizations and/or surgeries, or life style changes): \_\_\_\_\_  
 \_\_\_\_\_

**Criminal History**

Have you ever been convicted of a crime? YES NO (circle one)  
*If you answer YES, please answer the following related questions.*  
 Please select one or both Misdemeanor Felony  
 Have you ever been convicted of a child or sex related crime? YES NO  
 Have you ever been convicted of a drug or alcohol related crime? YES NO  
 If you answered YES, Please describe: \_\_\_\_\_  
 \_\_\_\_\_

**\*\* OAT reserves the right to request a background check for any reason at any time.**

(initial)

**Areas of Interes** (please check those areas that interest you)

<input type="checkbox"/> administration	<input type="checkbox"/> marketing
<input type="checkbox"/> budget & finance	<input type="checkbox"/> photography
<input type="checkbox"/> classroom volunteer	<input type="checkbox"/> public relations
<input type="checkbox"/> facility maintenance & repair	<input type="checkbox"/> receptionist or office related help
<input type="checkbox"/> fundraising	<input type="checkbox"/> side walker
<input type="checkbox"/> horse care & feeding	<input type="checkbox"/> videographer
<input type="checkbox"/> horse trainer	<input type="checkbox"/> volunteer leadership
<input type="checkbox"/> horse walker	<input type="checkbox"/> volunteer recruiting
<input type="checkbox"/> hospitality	<input type="checkbox"/> other, please describe _____

I understand and verify that the information above is accurate to the best of my knowledge. I know of no reason why I should not volunteer in this center's program.

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

Office Use Only

\*\*\*\*\*  
 Approved by OAT Director: \_\_\_\_\_ Date: \_\_\_\_\_  
 Comments: \_\_\_\_\_  
 \_\_\_\_\_