



BEAMING INC.
Volunteer Information Form

Name _____ Date of Birth _____
Address _____ City _____ State _____ Zip _____
Phone (Home) _____ Phone (Cell) _____ E-mail _____

Preferred communication: email ___ phone ___ text ___

Do you want to receive a newsletter by e-mail? Yes No

Parent/Legal Guardian (if volunteer is under 18 years of age):

Name (Parent/Legal Guardian) _____

Address _____ City _____ State _____ Zip _____

Phone (Home) _____ Phone (Cell) _____ E-mail _____

Do you have any experience with horses and/or with clients with special needs? Please explain.

Do you have any medical conditions/allergies? Medications? Yes No

Are you able to walk for 60 minutes and job short distances? Yes No

Are you able to lift your arm to shoulder height? Yes No

Are you able to do emergency pull off? Yes No

Check all that apply: Available: Day time _____ Evening _____ Weekend _____ Special events _____

Circle if you trained in any of the following First Aid CPR AED Other _____

Have you ever been convicted of a felony? Yes No

State Law allows agencies to do background screenings on volunteers working directly with children. In order to volunteer with BEAMING we will require a background check. Please provide a copy of your WI Driver's License

FOR OFFICE USE ONLY

Background screening date _____ Screening performed by _____

Volunteer training completed:

Training type and date _____

Volunteer Signature

Signature of other parent or guardian (When contracting for minors)

Date