

QUEST THERAPEUTIC SERVICES, INC.
461 Cann Rd.
West Chester, PA 19382
Phone (610) 692-6362; email SandraMcCloskey@msn.com

VOLUNTEER INFORMATION

Name _____ Date _____

Address _____

Telephone: Home _____ Work: _____

Email: _____

May we contact you at work? Yes No

Birthday _____

Occupation _____

Employer _____

Circle Days Available:

Mon Tues Wed Thurs Fri Sat

Circle areas of interest

Sidewalker

Horse Leader

Stable Care

Equipment Care

Other _____

Hours Preferred:

Do you have any physical limitations? Yes No

If yes, please explain _____

Can you walk for (60) minutes and jog for short distances? Yes No

Circle your level of experience with horses:

BEGINNER – never been around horses/occasionally around horses

NOVICE – deals with or has dealt with horses periodically, feels comfortable working with horses, ie, saddling, grooming, feeding, leading, riding, etc.

ADVANCED – deals or has dealt with horses frequently/feels comfortable dealing with horses in various situations including difficult situations.

Do you have any other skills or training which would be beneficial? _____

How did you hear about Quest _____

Do you have any experience working with physically/emotionally challenged individuals? Yes No

Explain _____

What would you like to get out of your experience with Quest?

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Volunteer's Name _____

Parent/Guardian (minor volunteers) _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Physician's Name _____ Office Phone (_____) _____

Preferred Medical Facility _____

Insurance Carrier _____ Phone (_____) _____

Policy No. _____ ID or Social Sec. No. _____

Person to contact in case of emergency _____

Relationship _____ Day Phone (_____) _____ Even. Ph. (____) _____

Describe any medical conditions requiring special precautions or treatment and/or any medications you are currently on including dosage. If none, state None.

I, _____ (Volunteer), am 18 years of age or over and fully competent to sign this emergency medical form, which I have read and understand, or if under 18 years of age, have obtained the signature of parent/guardian, who, by signature, represents he/she has read and understands this form.

In case of medical emergency or necessity, volunteer authorizes Quest to provide medical assistance as may be necessary or advisable and further authorizes Quest to seek the assistance of any physician or medical facility to provide any medical/surgical care, including but not limited to hospitalization, with said treatment to include anesthesia as necessary or advisable by the physician or medical facility of any other consent to treatment from or on behalf of the volunteer.

Quest will be under strict supervision, and, although every effort will be made to avoid any accident, the volunteer understands that NO LIABILITY can be accepted by any of the organizations concerned, including Quest, in the event such accident may occur.

Volunteer signature

Date

Parent or Guardian

Date