

Karen Siran-Loughery, OTR/L Inc.

Dream Therapies

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Volunteer/Staff Information and Health History

To be completed by volunteer or parent/legal guardian

General Information

Participant: _____ Date: _____

Date of birth: _____ Age: _____

Home phone: _____ Cell phone: _____ Work phone: _____

Parent/Legal Guardian: _____

Address and telephone (if different from above): _____

Employer/School: _____

How did you hear about Dream Therapies? _____

Have you ever been charged with or convicted of a crime? Y N

Please explain: _____

I, _____ (volunteer/staff), authorize Karen Siran-Loughery OTR/L Inc. to receive information from any law-enforcement agency, including police departments 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 up children.

I understand that such access is for the purpose of considering my application as an employee/volunteer, and I expressly DO NOT authorize Karen Siran-Loughery OTR/L Inc. employees or other volunteers to disseminate this information in any way to any other individual, group, agency, organization or corporation.

Signature and printed name of employee/volunteer/volunteer's parent/legal guardian

Date

Signature and printed name of witness

Date

Health History

Please indicate current or past problems in the following areas (particularly as related to the physical/emotional demands of working in a program that involves hippotherapy):

Y (yes)/N (no) Comments

Vision and Hearing

Sensation

