

New Hampshire High School Equestrian Teams

Volunteer Registration

A. General Info

Name: _____

Address: _____

Are you over 18? Yes No Are you over 21? Yes No

Which District are you interested in volunteering for? 1 2 3 5

Please list the team you are associated with: _____

B. Contact Info

Phone: _____ Email: _____

Emergency Contact Name: _____ Phone: _____

C. Volunteer Position

- 1. Years as a NHHSET Volunteer, counting this year? _____ NHHSET Alumni? Yes No
- 2. Position(s) for which you would like to volunteer? (scribe, ring crew, gatekeeper, secretary's booth, parking, runners, prohibited equipment, medical) _____
- 3. Please list any skills, abilities, training, educational, certificates related to the above position. _____
- 4. Have you ever had any felony convictions? Yes No If yes, explain: _____
- 5. Please list the year of your last volunteer training

I understand that criminal background checks may be conducted on me and/or I may be subject to fingerprinting at any time during the registration process or during volunteer service.

Signature: _____ Date: _____

Office use only:

Signed Code of Conduct & Release	yes	no
Signed Confidentiality Policy and Pledge	yes	no
Signed Conflict of Interest Policy	yes	no