

Appalachian Therapeutic Riding Center Volunteer Application Form and Health History

Name _____ Date _____

Address _____
Street/ PO Box City State Zip

Employer / School _____

Work Address _____

Phone (H) _____ Phone (W) _____ Email _____

Date of Birth _____ Best Time to Reach You _____

Parent / Legal Guardian Name and Address _____

How did you learn about Appalachian Therapeutic Riding Center?

Recent Medical Tests: Last Tetanus Shot _____ Tuberculosis Test + - Date _____
(Consult your physician or local health department if you are not up to date with these shots / tests)

Health History: Please describe your current health status, particularly regarding the physical/emotional demands of assisting in a therapeutic riding program. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations / surgeries, or lifestyle changes.

Can you walk for an hour and jog for short distances ? Yes _____ No _____
 If no, please explain _____

Check Areas of Interest		
Program Volunteer	Administration	
<input type="checkbox"/> Leading a Horse	<input type="checkbox"/> Public Relations	<input type="checkbox"/> Photos / Video
<input type="checkbox"/> Sidewalking with a student	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Budget / Finance
<input type="checkbox"/> Stable Management	<input type="checkbox"/> Newsletter	<input type="checkbox"/> Future Planning
<input type="checkbox"/> Facility Repairs	<input type="checkbox"/> Volunteer Recruitment	
<input type="checkbox"/> Horse show / Special Olympics	<input type="checkbox"/> Ride A thon\	

I understand that the information provided above is accurate to the best of my knowledge. I know of no reason why I should not participate in the Appalachian Therapeutic Riding Center.

Signature _____ Date _____

Parent / Guardian (if a minor) _____ Date _____

Witness _____ Date _____