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**	
☐ Leading a Horse	☐ Public Relations	☐ Photos / Video
☐ Sidewalking with a student	☐ Fundraising	☐ Budget / Finance
☐ Stable Management	☐ Newsletter	☐ Future Planning
☐ Facility Repairs	☐ Volunteer Recruitment	
☐ Horse show / Special Olympics	☐ 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 _____