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

- ☐ Leading a Horse
- ☐ Sidewalking with a student
- ☐ Stable Management
- ☐ Facility Repairs
- ☐ Horse show / Special Olympics

Administration

- ☐ Public Relations
- ☐ Fundraising
- ☐ Newsletter
- ☐ Volunteer Recruitment
- ☐ Ride A thon

- ☐ Photos / Video
- ☐ Budget / Finance
- ☐ Future Planning

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 _____

WARNING!: Under North Carolina Law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting exclusively from the inherent risks of equine activities. Chapter 99E of the North Carolina Statues.