Horses In Service Natural Therapeutic Riding Center

Volunteer Registration & Information

Minor Registration Information: (Under 18 years)

Minors must have Parent/Guardian Registration Information & Signature

Junior Barn Volunteers: Age 9-13 **Arena Volunteers: Age 14+**

Name: _____ DOB: _____ Age: _____

Address: _____

City _____ State: VA Zip: _____ County: _____

Home phone: _____ Cell phone: _____

Email address: _____

Employer: _____ Occupation: _____

Work phone: _____ School _____

Volunteer or Parent/Legal Guardian Registration Information: (18 years & over)

Name: _____ DOB: _____ Age: _____

Address (if different): _____

City _____ State: VA Zip: _____ County: _____

Home phone: _____ Cell phone: _____

Email address: _____

Employer: _____ Occupation: _____

Work phone: _____ Degree: _____

In Case of Emergency:

Contact: _____ Relationship _____ Phone: _____

Contact: _____ Relationship _____ Phone _____

SELECT areas you are *interested* in and/or areas you have *experience* in:

Administration	Program Volunteer	Fund Raising	Other
☐ Business	☐ Junior Volunteer	☐ Dinner / Auction	☐ Exercising Horses
☐ Grant Writing	☐ Leading a Horse	☐ Horse Show	☐ Facility Maintenance
☐ Legal Advice	☐ Side Walking with rider	☐ Open House	☐ Natural Horsemanship
☐ Office & Filing	☐ Volunteer Voice	☐ Trail Ride	☐ Photography/Video

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Health Information

Tetanus shot: ☐ **Yes** ☐ **No** Date _____

Tuberculosis test (PPD): ☐ **+** ☐ **–** Date _____

Allergies: _____

Medications: _____

Special Needs: _____

Please describe your current health status particularly regarding the physical and emotional demands of working in a therapeutic riding program. Volunteer activities may include walking for extended periods of time, jogging short distances, working in dusty, hot and humid, or cold conditions. Therefore, please address fitness, cardiac, respiratory, bone or joint function, recent hospitalization and surgeries, or lifestyle changes that may affect your ability to volunteer.

_____

_____

_____

Background Information

Have you ever been charged or convicted of a crime? ☐ Yes ☐ No

If yes, explain: _____

_____

I, _____ (*print full name*) authorize Horses In Service Natural Therapeutic Riding Center to receive information from any law enforcement agency, including the federal government, to the extent permitted by state and federal law, pertaining to any conviction I may have had for violations of state or federal criminal laws, including, but not limited to, conviction for crimes committed upon children.

In respect to Horses In Service Natural Therapeutic Riding Center Confidentiality Policy, I understand that such access is for purposes of considering my application as a volunteer, and that I expressly DO NOT authorize Horses In Service Natural Therapeutic Riding Center, its directors, officers, employees or other volunteers to disseminate this information in any way to any other individual, group, agency, organization, or corporation.

Horses In Service Natural Therapeutic Riding Center uses the above information to locate the best qualified volunteers and does not discriminate based on race, color, creed, sex, national origin, or religion. All lesson volunteers must be at least 14 years of age in compliance with the PATH, Int. (Professional Association of Therapeutic Horsemanship, International) center standards, of which H.I.S. is an operating member.

Signature: _____ Date: _____
(*Volunteer) (Parent / Legal Guardian if under age 18)*