

Rising Tide Therapeutic Equestrian Center, Inc.
Volunteer Application Form and Health History

Name _____ Date _____

Address _____ City _____ State/Zip _____

Employer/School _____

Work Address _____

Phone (H) _____ Phone(W) _____ Cell _____

Date of Birth _____ Email _____ Best call time _____

Parent/Legal Guardian Name and Address _____

How did you learn about Therapeutic Riding? _____

Last Tetanus Shot _____ Consult your physician or health dept. if not up to date.

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 student
 Stable Management
 Facility Repairs

Administration

Public Relations Photos/Video
 Fundraising Budget/Finance
 Newsletter Future Planning
 Volunteer Recruitment

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 Rising Tide Therapeutic Equestrian Center, Inc. program.

Signature _____ Date _____