

**Riverwood Therapeutic Riding Center**

6825 Rollingview Drive  
Tobaccoville, NC 27050  
(336) 922-6426

**Volunteer/Staff Information Form and Health History**

**General Information**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

(Mobile): \_\_\_\_\_ (Pager) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Parent/Legal Guardian Name and Address (If minor): \_\_\_\_\_

How did you learn about the program? \_\_\_\_\_

What type of experience have you had with horses (if any)? \_\_\_\_\_

Have you volunteered/worked with any other therapeutic riding programs? \_\_\_\_\_ If yes, please explain responsibilities. \_\_\_\_\_

**References** (Please provide two employment/volunteer or personal references)

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Type: Work \_\_\_ Volunteer \_\_\_ Personal \_\_\_ Type: Work \_\_\_ Volunteer \_\_\_ Personal \_\_\_

What days/times are you available to volunteer/work? \_\_\_\_\_

**Health History**

Please describe your current health status, particularly regarding the physical/emotional demands of working in an equine assisted program and that we should be aware of in case of an emergency. Do you have any physical limitations that would prevent you from leading a horse, sidewalking with a rider, walking on trails, or helping in an emergency situation?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Riverwood Therapeutic Riding Center recommends that all volunteers/staff have an up to date tetanus shot. (Please consult your physician or local health department if you are not up to date with this shot)

**Volunteer/Staff Information Form and Health History**  
**Page 2**

Name: \_\_\_\_\_

**Background Information**

Have you ever been charged with or convicted of a crime? Y N; please explain \_\_\_\_\_

Check which areas you are interested in:

Program

- Horse handling
- Sidewalking with a student
- Stable management
- Facility Repairs

Special Events

- Horse Show
- Fundraising
- Trail Rides

Administration

- Public Relations
- Grant Writing
- Newsletter
- Volunteer Recruitment
- Photography/Video
- Board of Directors

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 this center's program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Volunteer/staff or parent/legal guardian if volunteer/staff is a minor)*

**Photo Release**

I

- DO
- DO NOT

Consent to and authorize the use and reproduction by Riverwood Therapeutic Riding Center of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, and exhibitions or for any other use for the benefit of the center.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Volunteer/staff or parent/legal guardian if volunteer/staff is a minor)*

**Confidentiality Agreement**

I understand that all information (written and verbal) about participants at this NARHA center is confidential and will not be shared with anyone without the express written consent of the participant and his/her parent/guardian in the case of a minor.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Volunteer/staff or parent/legal guardian if volunteer/staff is a minor)*

For Office Use  
Volunteer  
Day(s)/Time(s)

\_\_\_\_\_