EAST CENTRAL INDIANA
Therapeutic Riding, Inc.
Contact: Elise Matthews
8920 W. C.R. 500 N.
Muncie, IN 47304
(765) 730-2747

Volunteer/Staff Information Form and Health History

GENERAL INFORMATION

Name:_____ Date:_____

DOB:_____ Phone (H):_____ (W):_____

Address:_____

Employer/School:_____

Address:_____

Parent/Legal Guardian Name/Address/Phone Number:_____

_____

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)

How did you hear about the program?_____

PHOTO RELEASE

I (Do -) consent to and authorize the use and reproduction by East Central Indiana Therapeutic Riding Inc. of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

HEALTH HISTORY

Please describe your current health status, particularly regarding the physical/emotional demands of working in an equine assisted program. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalization/surgeries or lifestyle changes.

_____
_____
_____
_____
_____

*Alergies:*_____
_____

*Medications:*_____
_____

Circle areas in which you are interested:

Program

- *Horse Handling*
- *Sidewalking with a Student*
- *Stable Management*
- *Facility Repairs*

Special Events

- *Horse Show*
- *Fundraising*
- *Special Olympics*
- *Trail Rides*

Administration

- *Public Relations*
- *Grant Writing*
- *Newsletters*
- *Volunteer Recruitment*
- *Photography/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 this center's program.

Signature:_____ Date:_____
Volunteer/staff/caregiver
Signed in the presence of center staff