

**Columbia-Greene Therapeutic Riding Center, Inc.**  
**P.O. Box 302                      831 Mail Route Road**  
**Ashland, N.Y. 12407**  
**518-734-4445**

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

### General Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_  
Employer/School: \_\_\_\_\_  
Address: \_\_\_\_\_  
Parent/Legal Guardian Name and Address: \_\_\_\_\_

How did you learn about the program?

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 working in an equine assisted program. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries, or lifestyle changes.

Allergies:

Medications:

Check which areas you are interested in:

<u>Program</u>	<u>Special Events</u>	<u>Administration</u>	
<input type="checkbox"/> Horse Handling	<input type="checkbox"/> Horse Show	<input type="checkbox"/> Public Relations	<input type="checkbox"/> Photography/Video
<input type="checkbox"/> Sidewalking with a Student	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Grant Writing	<input type="checkbox"/> Budget & Finance
<input type="checkbox"/> Stable Management	<input type="checkbox"/> Special Olympics	<input type="checkbox"/> Newsletter	<input type="checkbox"/> Future Planning
<input type="checkbox"/> Facility Repairs	<input type="checkbox"/> Trail Rides	<input type="checkbox"/> 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 this center's program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(volunteer/staff; signed in presence of center staff)*