

**Ride With Pride Therapeutic Horsemanship Program, Inc.**

**Volunteer Application Form and Health History**

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Employer/School: \_\_\_\_\_

Work Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ E-mail: \_\_\_\_\_

Best time to Contact: \_\_\_\_\_

Parent/Legal Guardian Name and Address: \_\_\_\_\_

**Emergency Contact:**

Name of contact: \_\_\_\_\_

Relationship to contact: \_\_\_\_\_

Cell number: \_\_\_\_\_ Work number: \_\_\_\_\_ Home Number: \_\_\_\_\_

---

---

How did you learn about us? \_\_\_\_\_

**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.

Volunteers are responsible for monitoring their own health issues relative to diabetes, allergies, ect. Please list any health concerns you may have. Please, also list any chronic diseases or allergies you may have. Include any medications you must carry or if you carry an EpiPen.

Last Tetanus Shot: \_\_\_\_\_

Can you walk for an hour and jog for short distances? Yes \_\_\_\_\_ No \_\_\_\_\_

If **no** please let us know what you are capable of doing at the stables with horses.

**Check Areas of Interest:**

_____ Leading a horse	_____ Photos/Videos	_____ Adopting a horse
_____ Sidewalking a rider	_____ Finance	_____ Fund Raising
_____ Stable work	_____ Grants	_____ Newsletter
_____ Public Relations	_____ Student Horse show	_____ 5K
_____ Benefit horse show	_____ RWP Trail Ride	

**Photo Release:**

\_\_\_\_\_ **I DO**            \_\_\_\_\_ **I DO NOT**

Consent to and authorize the use and reproduction by Ride With Pride and its representatives of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, or for any other use of the benefit of Ride With Pride Inc.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent/guardian(if under 18 years old): \_\_\_\_\_

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

**Confidentiality Agreement**

I understand the confidential nature of all records maintained by Ride With Pride. I agree not to disclose or divulge any information contained in any records.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent/guardian(if under 18 years old): \_\_\_\_\_

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

**Background Information**

Have you ever been charged with or convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_

If **Yes**, please explain:

List any horse experience: \_\_\_\_\_

Are you CPR or CPR/First Aid certified?

Yes \_\_\_\_\_ No \_\_\_\_\_

Check the sessions you would be interested in volunteering:

Spring \_\_\_\_\_

Summer \_\_\_\_\_

Fall \_\_\_\_\_

I understand that the information provided above is **accurate** to the best of my knowledge. I know no reason why I should not participate in the Ride With Pride Program;

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of the Guardian if under 18:

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

For more information or any questions please email [volunteer4rwp@gmail.com](mailto:volunteer4rwp@gmail.com)