



**General Information**

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

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

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

Date of Birth: \_\_\_\_\_ Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

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

How did you hear about our program? \_\_\_\_\_

**Recent Medical Tests:** Last Tetanus Shot: \_\_\_\_\_

TB Test: +/- (please circle positive or negative) Date: \_\_\_\_\_

(Please 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 a therapeutic riding program. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalization/surgeries or lifestyle changes.

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

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

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

Please check areas of the program you are interested in:

**Program**

- Horse Handling
- Sidewalking
- Stable Management
- Facility Repairs

**Special Events**

- Horse Show
- Fundraising
- Trail Rides

**Administration**

- Public Relation
- Grant Writing
- Newsletter
- Volunteer Recruitment
- Photo/Video
- Budget/Finance
- Future Planning



**Background Information**

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

If Yes, please explain:

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

I, \_\_\_\_\_(volunteer /staff member), authorize Glenoak Therapeutic Riding Center to receive information from any law enforcement agency, including police departments and sheriff's departments, of this state or any other state or federal government, to the extent permitted by state and federal law, pertaining to any convictions I may have had for violations of state or federal criminal laws, including but not limited to convictions for crimes committed against a person and/or child.

I understand that such access is for the purpose of considering my application as an employee/volunteer, and that I expressly DO NOT authorize Glenoak Therapeutic Riding Center, it's directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization or corporation.

**Current Driver's License: Yes/No**

If yes: LICENSE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_

**CONFIDENTIALITY AGREEMENT:**

I UNDERSTAND THAT ALL INFORMATION (WRITTEN AND VERBAL) ABOUT PARTICIPANTS AT GLENOAK THERAPEUTIC RIDING CENTER IS CONFIDENTIAL AND WILL NOT BE SHARED WITH ANYONE WITHOUT THE EXPRESS WRITTEN CONSENT OF THE PARTICIPANT AND THEIR PARENT/GUARDIAN IN THE CASE OF A MINOR.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Volunteer and/or Staff member)

Witnessed by: \_\_\_\_\_ Date: \_\_\_\_\_  
(GTRC Staff member)