



Galloping Acres Foundation, INC
 14326 Boondock Lane
 Montpelier VA 23192

Volunteer Information Form

General Information

Name: _____ Age: _____ DOB: _____
 Address: _____ City, State, Zip: _____
 Work Address: _____ City, State, Zip: _____
 Home Phone: _____ Work Phone: _____ Cell: _____
 Email Address: _____
 Occupation: _____ Employer/School: _____
 Signature: _____
 Parent/Guardian (if under 18) _____ Phone: _____
 Address (if different than above) _____

How did you learn about the center: _____

Check which areas you are interested in and place an “E” for those you have experience in:

Program Volunteer

- Leading a horse
- Side walking with a student
- Stable management
- Facility Repair

Competition

- Horse show
- Away horse shows
- Ride-A-Thon
- Special Olympics

Administration

- Public relations
- Fund raising
- Newsletter
- Volunteer Recruitment
- Photography/Video
- Budget and Finance
- Future Planning

Health Information

Last Tetanus Shot: _____ Tuberculosis Test (PPD) + or - Date: _____

Allergies: _____

Medications: _____

Special Needs: _____

Please describe your current health status, particularly regarding the physical/emotional demands of working in a therapeutic riding program. Volunteer activities may include walking for extended periods of time, jogging short distances, working in hot/humid/cold conditions therefore address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries, or lifestyle changes:

(Please continue on reverse side)

Background Information

Have you ever been charged or convicted of a crime? ___ Yes ___ No

If yes, please explain: _____

I, _____, authorize Galloping Acres Foundation, INC Therapeutic Riding Center to receive information from any law enforcement agency, including, but not limited to, police department's and sheriff department's of this state and 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 upon children.

In respect to Galloping Acres Foundation, INC Therapeutic Riding Center's Confidentiality Policy, I understand that such access is for purposes of considering my application as a Volunteer, and that I expressly NO NOT Galloping Acres Foundation, INC Therapeutic Riding Center, its directors, officers, employees or other volunteers to disseminate this information in any way to any other individual, group, agency, organization or corporation.

Date: _____

_____ (Volunteer)

_____ (Parent/Guardian ~ If Volunteer under 18)

Galloping Acres Foundation, INC Therapeutic Riding Center uses the above information to locate the best qualified volunteers and does not discriminate based on race, color, creed, sex, national origin or religion. All lesson volunteers must be at least 14 years of age in compliance with the Professional Association of Therapeutic Horsemanship Intl's (PATH's) Centers Standards, of which Galloping Acres Foundation, INC Therapeutic Riding Center is an operating member.