



VOLUNTEER APPLICATION AND HEALTH HISTORY

Name: _____ DOB: _____ Date: _____

Home Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Preferred method to contact you: Phone Text Message Email

Parent/Legal Guardian Name (if under 18) _____

How did you learn about Cross Creek Meadows? _____

Do you have experience working with children or adults with disabilities? If so, please describe:

Do you own your own horse? Yes No Do you have experience working with horses? Yes No

If yes, explain: _____

Please place a check by the description that best matches your horsemanship skills:

New or very little knowledge Beginner Intermediate Advanced Instructor or Clinician

Health History

Current Tetanus Shot: Yes No

Working in a therapeutic riding center can be physically demanding. Please describe your current health status and any limitations in regards to fitness, cardiac, respiratory, bone or joint function, recent hospitalization or surgeries.

Allergies: _____

Medications: _____

Check which area you are interested in working:

Horse Leader ~~Cow Hand~~ Exercising Horses Photography/Video
 Side Walker Top Hands Fund raising/Grants Budget/Finance
 Tack Team Reception/Office Computers/Technology Other _____
 Barn Buddies Schooling Horses 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.

I have received, read, and understand the CCMTRC Volunteer Handbook.

Participant's Signature _____ Date: _____

Signature of Parent/Guardian (If under 18 years of age): _____