


SOUTHERN VERMONT
Therapeutic Riding Center

3 Cross Country Circle, Wilmington, VT 05363

www.sovtrc.org

(802) 221-4409

Volunteer Information Form

First Name: _____ Middle I. _____ Last

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell: (____) _____ Work: (____) _____

Email: _____ Date of Birth: _____

Employer/School: _____ Position: _____

Parent(s)/Legal Guardian Name: _____ Phone: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

How did you learn about SVTRC? _____

Do you have horse experience? Please briefly explain:

Are you comfortable working around horses? Yes No

Are you able to walk for 45 minutes and jog short distances in the dirt? Yes No

Health History

Physicians Name: _____ Medical Facility: _____

Phone: (____) _____ Health Insurance Company: _____

Policy # _____ TB Test: + or -- Last Tetanus Shot: _____

Allergies: _____

Medication: _____

Health History (Fitness, Respiratory, Bone & Joint Function, Recent Surgery): _____

In the event of an emergency, please contact:

Name: _____ Phone: (____) _____ Relationship: _____

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