



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:

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(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.