



Volunteer Information Form and Health History

General Information

Name: _____ Date: _____

Address: _____

Date of Birth: _____ Phone: (H) _____ (C) _____

How did you learn about the program? _____

Recent medical tests: _____ Last tetanus shot: _____ Tuberculosis Test + -- Date: _____

Days/times available for volunteering: _____

Health History

Please describe current health status, particularly regarding the physical/emotional demands of working in an equine assisted program. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/ surgeries or lifestyle changes.

Allergies: _____

Medications: _____

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 Miracle Ranch's therapeutic riding program.

Signature: _____

Date: _____