

TEAM
Volunteer/Staff Information Form
(Please Write Clearly)

General Information

Name: _____ Date: _____

Address: _____ City/State/Zip: _____

Employer/School: _____

Work Address: _____ City/State/Zip: _____

Work Phone: _____ Home Phone: _____

Cell Phone: _____ E-mail: _____

Date of Birth: _____

Parent/Legal Guardian Name and Address: _____

How did you learn about MSU 4-H TEAM? _____

Horse Experience

Please provide a brief description of your experience with horses:

Have you ever volunteered with a therapeutic riding center? _____

Describe your experience with:

a) Leading a horse _____

b) Sidwalking _____

c) People with disabilities _____

Check the areas in which you are interested:

Horse Handler/Leader*	Yes	No	Side walker	Yes	No
Spotter during class	Yes	No	Arena set-up/take-down	Yes	No
Exercise horses*	Yes	No	Clean tack	Yes	No
Rider greeter/hospitality	Yes	No	Publicity	Yes	No
Volunteer manager	Yes	No	Groom and tack horses	Yes	No

**Requires horsemanship/riding skills*

Recent Medical Tests:

Date of Last Tetanus Shot: _____ Tuberculosis Test +/- Date: _____

(Consult your physician or local health department if you are not up-to-date with these shots/tests).

Health History

Please describe your current health status, particularly regarding the physical/emotional demands of working in a therapeutic riding program. Address fitness, cardiac, respiratory, bone, or joint function, recent hospitalization/surgeries, or lifestyle changes. _____

Allergies: _____

Medications: _____
