



Albany Therapeutic Riding Center, Inc.

182 Martin Road Ext., Voorheesville, NY 12186

(518) 765-2764

[albanytherapeuticridingcenter@gmail.com](mailto:albanytherapeuticridingcenter@gmail.com)

## Volunteer / Staff Registration Form

### General Information:

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_      Age: \_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_

Preferred Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Parent / Legal Guardian / Caregiver

Name: \_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Phone Number: \_\_\_\_\_

Employer / School:

Name: \_\_\_\_\_

Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Volunteer Interests and Availability:**

How did you learn about the program?

\_\_\_\_\_  
\_\_\_\_\_

Please circle areas in which you are interested:

<p><b>PROGRAM:</b></p> <ul style="list-style-type: none"><li>• Horse handling</li><li>• Sidewalking with students</li><li>• Stable management</li><li>• Facility repair</li></ul>	<p><b>SPECIAL EVENTS:</b></p> <ul style="list-style-type: none"><li>• Horse Show</li><li>• Fundraising</li><li>• Special Olympics</li><li>• Trail Rides</li></ul>
<p><b>ADMINISTRATION:</b></p> <ul style="list-style-type: none"><li>• Public relations</li><li>• Grant writing</li><li>• Newsletter</li><li>• Volunteer recruitment</li></ul>	<p><b>MISCELLANEOUS:</b></p> <ul style="list-style-type: none"><li>• Photography / Video</li><li>• Budget &amp; finance</li><li>• Future planning</li></ul>

Please indicate your availability with a checkmark:

DAY	MORNING	AFTERNOON	EVENING
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Describe your experiences involving horses:

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**Health History:**

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

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Current medications:

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Allergies:

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Recent medical tests:

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Date of last Tetanus shot: \_\_\_\_\_

Tuberculosis test result:        +        -        Date: \_\_\_\_\_

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

**Confidentiality Agreement:**

I understand that all information (written and verbal) about participants at the Albany Therapeutic Riding Center, Inc. is confidential and will not be shared with anyone without the express written consent of the participant and their parent/guardian in the case of a minor. This includes sharing photos and videos of the rider, families, volunteers, staff members, etc. on social media, the internet, in printed form, or with others. The staff and volunteers shall keep confidential all medical, social, referral, personal, and financial information regarding a person and their family.

Volunteer Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(Parent's signature is required if volunteer is under 18)

**Photo Release:**

I         DO

DO NOT

consent to and authorize the use and reproduction by the Albany Therapeutic Riding Center, Inc. of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Volunteer Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(Parent's signature is required if volunteer is under 18)

**Criminal Background:**

Have you ever been charged with or convicted of a crime?

Y                      N

Please explain:

\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_(volunteer/staff), authorize the Albany Therapeutic Riding Center, Inc. to receive information from any law enforcement agency, including police departments and sheriff's departments, of this state or 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 or animals.

I understand that such access is for the purpose of considering my application as an employee/volunteer, and I expressly DO NOT authorize the Albany 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.

Volunteer Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(Parent's signature is required if volunteer is under 18)

Current Driver's License?                      Y                      N

License Number: \_\_\_\_\_

State: \_\_\_\_\_

**Certification:**

I certify that the information provided above is accurate to the best of my knowledge. I know of no reason why I should not participate in the Albany Therapeutic Riding Center's program.

*To be signed in the presence of the Albany Therapeutic Riding Center staff*

Volunteer Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Patent Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(Parent's signature is required if volunteer is under 18)