

**BLUE MOUNTAIN THERAPEUTIC RIDING**  
**1150 Valley St.**  
**Walla Walla, WA 99362**

**--VOLUNTEER APPLICATION--**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ To purchase T-Shirt add size \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Prior Experience with Disabled \_\_\_\_\_

Comfortable around horses \_\_\_\_\_

Birth date \_\_\_\_\_

Certified First Aid/CPR \_\_\_\_\_

**Why are you volunteering? Do you want to learn something special?**

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

**How did you hear about us?** \_\_\_\_\_

**Do you have an interest in, or knowledge of any of the following? Please circle if you would be willing to help these areas.**

- |                       |                                       |                |
|-----------------------|---------------------------------------|----------------|
| Train Horses          | Leadership Skills                     | Fundraising    |
| Groom Horses          | Office, Word, Excel, Publisher Skills | Special Events |
| Tack Horses           | Web Site Skills                       | Video Taping   |
| Tack & Equipment Care | Organize projects                     | Sign Language  |
| Horse Medical Skills  | Newsletter, Brochure Skills           | Art-Layouts    |
| Barn Crew             | Computer & Phone Skills               | Photography    |
| Certified Trainer     | Grant Writing Skills                  | Bilingual      |
| Certified Farrier     | Blogging Skills                       | Board Member   |
| Veterinarian          | Doctor                                | Captain        |

**Please circle, and write in the times you would be available to volunteer**

Monday      Tuesdays      Wednesday      Thursday      Friday

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**-PHOTO RELEASE-**

I  DO  
 DO NOT

consent to and authorize the use and reproduction by Blue Mountain Therapeutic Riding  
(center)

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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client, Parent or Legal Guardian  
*Signed in the presence of center staff*

**--HEALTH HISTORY--**

Recent medical tests: \_\_\_\_\_

\_\_\_\_\_

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 an equine assisted program. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries or lifestyle changes.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_

Medications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_