



SunCatcher Therapeutic Riding Academy, Inc.

PO Box 3975 Rapid City, SD 57709

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SunCatcherTRA@aol.com

www.suncatchertra.org

Volunteer / Staff Registration and Information Form

General Information

e-mail: _____

Trained on: _____

Name _____ Date _____

Address _____

Street City State Zip Code

Home Phone # _____ Alternative Phone # _____

Parent / Guardian Name and Address (if applicable) _____

Street City State Zip Code

Employer / School _____

Work Address _____

Street City State Zip Code

Work / School Phone # _____ Alternative Phone # _____


How did you learn about the program? _____

Date of Birth: _____

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)

As a volunteer with SunCatcher Therapeutic Riding Academy, Inc., you may be exposed to communicable disease. Due to confidentiality, SunCatcher Therapeutic Riding Academy, Inc. may not reveal this kind of information about riders. It is recommended that you take precautions necessary.

I have read and understand the above information: 

Volunteer's / Staff's Signature

Health History

Please describe you current health status, particularly regarding the physical/emotional demands of working in a therapeutic riding program.

Describe

fitness

cardiac

respiratory

bone or joint function

recent hospitalization/surgeries

life style changes

allergies (specify)

other:

medications (list med & dose) _____

Walk for 60 minutes without fatigue? Yes No

Jog for short distances? Yes No

Hold your arms above shoulder height and support a modest weight? Yes No

Do you have any specific physical limitations which would prohibit your assisting in this program? Yes No

Do you have experience with horses? No Yes (Describe) _____

Volunteer / Staff Registration and Information Form

SunCatcher has many volunteer opportunities! Check areas in which you are interested:

Program Volunteer

- Leading a horse
- Sidewalking with a rider
- Stable management
- Facility repairs or assembly projects
- Day Camp
- Vaulting
- Driving
- Assist with Northern Hills Satellite
- Assist with Southern Hills Satellite
- Trainer / Instructor
- CPR/First Aide Trained
- Any other area or idea in assisting the program? _____

Events

- Horse Show
- Ride-A-Thon
- Special Event Demos
- Drill Teams
- Parades
- Trail Rides
- Public Speaking
- Cook Outs
- Talent Shows
- Competitive Programs
- Farrier

Program Development

- Public Relations
- Fundraising
- Newsletter
- Volunteer Recruitment
- Photography/Video
- Committee Member
- Grant Writing
- Board Member
- Office Work/Mailings
- Certified Instructor
- Health Professional

List Times You Would Be Available to Volunteer: _____

- Evening Hours: _____
- Weekdays _____ Hours _____
- Weekends: _____
- Other: _____
- Spring Term
- Summer Term
- Fall Term
- Winter Projects
- Events

CONFIDENTIALITY OF INFORMATION

All information which volunteers or staff may see or hear, directly or indirectly, concerning a participant or another professional or fellow worker with SunCatcher Therapeutic Riding Academy, Inc., must be considered confidential. Even the presence of a visitor or relative of the participant is confidential information. Volunteers/staff should never discuss a participant's affairs in the presence of those not officially concerned with the information. The privacy and rights of our participants cannot be over-emphasized.

Reasons for participation, diagnosis, and treatment of the participant are absolutely confidential and must be respected. To engage in such discussion is a breach of privacy. A release of information is signed by the participant or the participant's legal guardian and is maintained in the participant's file. This signed release is required prior to the release of any information to an outside agency or individual.

As a Volunteer/Staff Member of SunCatcher Therapeutic Riding Academy, I understand and agree to safeguard all participants' information.

Signature _____



(volunteer/staff signature)

Date _____



I understand that the information provided is accurate to the best of my knowledge. I know of no reason why I should not participate in SunCatcher Therapeutic Riding Academy, Inc. program.

Signature _____



(volunteer/staff signature)

Date _____



Signature _____



(Legal Guardian - if applicable)

Date _____

