



**FULL CIRCLE FARM**  
THERAPEUTIC HORSEMANSHIP

80 Edgell Road  
Newport, NH 03773

603.863.1262  
info@fcftherapeutic.org

[fcftherapeutic.org](http://fcftherapeutic.org)

## Volunteer Information Form

Name, First: \_\_\_\_\_ Middle I.: \_\_\_\_ Last: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_  
Employer/School: \_\_\_\_\_  
Email: \_\_\_\_\_ Best way to contact you: \_\_\_\_\_

### Health History

Tuberculosis Test + - Date \_\_\_\_\_ Last Tetanus Shot \_\_\_\_\_  
(consult your physician or local health department if you are not up to date with these tests/shots)

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

Medications \_\_\_\_\_

Health Status, particularly as related to physical/emotional demands of working in EAAT. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries or lifestyle changes.

Are you able to walk for 45 minutes and jog short distances in sand? Yes No

Are you comfortable working around horses? Yes No

Do you have experience with horses? Yes No If yes, please briefly explain:

Do you have experience with people with special needs? Yes No If yes, please briefly explain:

I \_\_\_DO \_\_\_DO NOT consent to and authorize the use and reproduction 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.

How did you learn about Full Circle Farm Therapeutic Horsemanship?

**In the event of an emergency, please contact:**

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

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

**Thank You**