



Colorado Therapeutic Riding Center

11968 Mineral Road, Longmont, CO 80504

(303) 652-9131 FAX (303) 652-2072 volunteer@ctrcinc.org

2011 ANNUAL VOLUNTEER UPDATE

Name: _____ Date: ____/____/2011

It is a NARHA Standard to annually update all volunteers' files; therefore, we must have this on file for each volunteer.

If nothing has changed, please check here:

Street Address: _____ City: _____ State: ____ Zip: _____

Mailing address: _____ City: _____ State: ____ Zip: _____

Home phone: _____ Cell phone: _____ Work phone: _____

Email: _____

Employer/School name: _____ OR Unemployed OR Retired (please circle)

Employer/School address: _____ City: _____ State: ____ Zip: _____

Have you ever been arrested for, or convicted of, a crime against a person or animal?

Yes No

Have you ever been listed on a registry for child abuse?

Yes No

Emergency Contact Information:

In Case of emergency, contact _____ Phone _____

or contact _____ Phone _____

Special Medical Precautions you'd like us to know about in case of emergency:

Known allergies: _____

Additional Changes (if applicable): _____

Volunteer Signature _____ Date _____