



## VOLUNTEER ANNUAL UPDATE

Name of Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_  
DOB: \_\_\_\_\_ Current School/Employer: \_\_\_\_\_  
Current Address: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Parent/Guardian/Caregiver: \_\_\_\_\_  
Parent/Guardian/Caregiver Phone (if different): \_\_\_\_\_  
Emergency Contact (other than a parent): \_\_\_\_\_ Phone: \_\_\_\_\_  
Current Primary Physician: \_\_\_\_\_  
Physician's Phone Number: \_\_\_\_\_  
Volunteer's Health Insurance Co. : \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_  
Are there changes to your health status: \_\_\_\_\_

Please initial and date the following items:

Initial \_\_\_\_\_/Date \_\_\_\_\_ I agree to and affirm all policies of Loudoun Therapeutic Riding and agree to uphold the standards of integrity and honesty, including upholding Loudoun Therapeutic Riding's Confidentiality Policy, as is expected of me/my child as a representative of this organization.

Initial \_\_\_\_\_/Date \_\_\_\_\_ I agree to and affirm the previously signed Waiver and Indemnity Agreement in its entirety as it is currently maintained in my/my child's volunteer file.

Initial \_\_\_\_\_/Date \_\_\_\_\_ I agree to and affirm the previously signed Emergency Medical Consent form in its entirety as it is currently maintained in my/my child's volunteer file.

Initial \_\_\_\_\_/Date \_\_\_\_\_ I agree to and affirm the previously signed Media Release form as part of my/my child's initial volunteer application as it is currently maintained in my/my child's volunteer file.

Please contact the Volunteer Coordinator if you would like to request a copy of a previously signed agreement for your records as it is maintained in our files. We would be happy to supply these for you upon request.

I hereby certify that the above information is correct and valid.

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Signature of Parent/Guardian or Volunteer over the age of 18

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Date

**Your general availability: Please circle all that apply:** 1) Mon a.m. 2) Mon p.m. 3) Tues a.m.  
4) Tues p.m. 5) Wed a.m. 6) Wed p.m. 7) Thurs a.m. 8) Thurs p.m. 9) Fri a.m. 10) Fri p.m.

Questions: Please email us at [volunteer@ltrf.org](mailto:volunteer@ltrf.org) !