



Private Therapeutic Riding Facility Promoting, work with rescued horses and other animals in the treatment of people with emotional, behavioral, social, mental, physical, and/or spiritual needs

(317) 371-7842

Face Book Page-Little Patch of Heaven Paints

Email-LPOHPaints@aol.com



Participant's Application and Health History

General Information

Participant: _____
DOB: _____ Age: _____ Height: _____ Weight: _____ M F
Address: _____
Phone: _____ Alternative #: _____
Employer/School: _____
Phone: _____
Parent or Legal Guardian: _____
Address (if different from above): _____
Phone: _____
Referral Source: _____
Contact Numbers: _____
How did you hear about the program? _____

Health History

Please indicate current or past problems in the following areas:

(Write) Y (yes) N (no) Comments

Vision _____
Hearing _____
Sensation _____
Communication _____
Hearing _____
Breathing _____
Digestion _____
Elimination _____
Circulation _____
Emotional _____
Behavioral _____
Pain _____
Bone/Joint _____
Muscular _____
Thinking/Cognitive _____

Allergies _____
Last Tetanus Shot: _____ Tuberculosis Test + - Date: _____

Medical

What medications are you currently taking, including over the counter medications?

Describe your abilities/difficulties in the following areas
(Include assistance required or equipment needed):

Function

(i.e. Mobility skills such as transfers, walking, wheelchair use, and driving/bus riding)

Social

(i.e. Work/school including grade completed, leisure interests, relationships-family Structure, support systems, companion animals, fears/concerns, etc.)

Mental - Stress Levels (Current & Past)

(i.e. Changes of residence, employment, school, routine)

Home Life

(i.e. divorce, death of friend or family, mental, physical or sexual abuse)

Goals (Short & Long Term)

(i.e. Why are you applying for participation? What would you like to accomplish?)

Please indicate what your favorite things to do are. _____

Please indicate any dislikes I should be made aware of.

Areas of Interest

Check which areas you are interested in:

- Leading a horse
- Horse Show
- Public Relations
- Photography/Video
- Recruiter
- Side walking with a student
- Horse Shows
- Fundraising
- Budget & Finance
- Stable Management
- Ride-A-Thon
- Newsletters
- Future Planning
- Camping Trips
- Facility Repairs
- Special Olympics
- Volunteer Recruitment
- Web Page & Maintenance
- Elective Credit Hour Program
- Community Service Hours for Clubs
- Internship
- Board Member

Other: _____

Background Information

Have you ever been charged with or convicted of a crime? Y N: please explain:

I, _____ authorize New Hope TEC Inc. to receive information from any law enforcement agency, including police departments and sheriff's department, of the state or any other state or federal government, to the extent permitted by state and federal law, pertaining to any convictions I may have had for violations of state or federal criminal laws, including but not limited to convictions for crimes committed upon children.

I understand that such access is for the purpose of considering my application as an employee/volunteer, and that I expressly DO NOT authorize the operating center, its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization, or corporation.

Signature: _____ Date: _____

CURRENT DRIVERS LICENCE Y N LICENCE # _____ St _____

Social Security # _____

I understand that the information provided above is accurate to the best of my knowledge. I know of no reason why I should not participate in this center's program.

Signature: _____ Date: _____

Photo Release

I consent to the authorize the use and reproduction by New Hope TEC. of any and all photographs and any other audio/video material taken of me for promotional materials, educational activities, exhibitions or for any other use for the benefit of the program.

Signature: _____ Date: _____

Client, Parent or Legal Guardian