



# THERAPEUTIC RIDING INSTITUTE

## 2022 Volunteer Annual Update Form

To comply with PATH standards and our own communication needs, TRI **must** annually update all your information.  
RECEIPT OF THIS DOCUMENT IS REQUIRED TO KEEP YOUR VOLUNTEER STATUS CURRENT.

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

NONE OF MY INFORMATION HAS CHANGED.

### THE FOLLOWING INFORMATION HAS CHANGED:

Prefix: (Circle one) Mr. Mrs. Ms. Miss. Dr. Email:

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Phone: Cell \_\_\_\_\_ Work \_\_\_\_\_  
Employer or School: \_\_\_\_\_ Title/Department: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Parent/Guardian Phone Number \_\_\_\_\_

(If Volunteer is under 18 years old)

In case of emergency notify: \_\_\_\_\_ Phone \_\_\_\_\_  
Name/Relationship

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Medical Facility: \_\_\_\_\_

Medical Conditions Requiring Special Precaution: \_\_\_\_\_

Medications and Dosage: \_\_\_\_\_

All Known Allergies: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Additional Changes: \_\_\_\_\_

By signing below you are formally renewing any and all previously provided information, agreements, releases and consents unless otherwise specified above. This includes your indemnity release, confidentiality agreement, emergency medical consent, background check consent, photo release, and social marketing agreement. You are also confirming that you have reviewed and understood the volunteer training handbook available on the website:

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

**For Minors:** I represent to TRI that I am the parent or guardian of the Applicant whose signature appears above. On behalf of the Applicant, I agree to and accept all of the provisions of the foregoing Consent for Criminal Background Check. I am authorized to sign this Statement on behalf of the Applicant and my doing so legally binds the Applicant as if he or she were not a minor.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_