

Horse Assisted Therapy Services of North Louisiana, Inc.
VOLUNTEER RENEWAL FORM

To comply with PATH, Intl standards and our own communication needs, Horse Assisted Therapy Services of North Louisiana, Inc. **must** annually update all your information. **Please write your name, then either check the no changes box and sign and date at the bottom, or specify your changes**, such as phone numbers or e-mail, **and sign and date at the bottom**. Please return this form to be placed in your file.

RECEIPT OF THIS DOCUMENT IS REQUIRED TO KEEP YOUR VOLUNTEER STATUS CURRENT.

Thank you for your time and cooperation!

Name _____
Last first middle/maiden

NONE OF MY INFORMATION HAS CHANGED. (Please sign below.)

THE FOLLOWING INFORMATION HAS CHANGED:

Address _____
Street city, state zip

Contact info _____
Home phone cell phone email

Parent/Guardian _____
name phone

Physician _____
Name phone

Emergency Contacts _____
Name phone

_____ *Name phone*

Medical Conditions requiring special precautions _____

Medications and dosage _____

All known allergies _____

Insurance carrier _____
Policy #

Any 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 confidentiality agreement, emergency medical consent, criminal background check consent, and photo release.

Volunteer Signature: _____ **Date** _____