



## Participant Background Information

15712 Joe Brown Hwy

Murphy, NC 28906

Phone: 828-835-3739

[highlonesomestables@gmail.com](mailto:highlonesomestables@gmail.com)

[www.highlonesomestables.org](http://www.highlonesomestables.org)

*In order to best serve our participants, we ask you complete a new form every other year. However, please let us know if there are any major changes. This information may be shared with the volunteer who is working with the participant.*

Participant Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Date: \_\_\_\_\_

Personal Goals \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Strengths \_\_\_\_\_  
\_\_\_\_\_

Current Issues \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Triggers \_\_\_\_\_  
\_\_\_\_\_

Motivators to encourage compliance (if applicable) \_\_\_\_\_  
\_\_\_\_\_

Best course of action to take when rules are broken, i.e. time out, remove from horse, go home, take a walk (if applicable) \_\_\_\_\_  
\_\_\_\_\_

Does the participant need to be specifically prepared for change?                      Yes                      No

We believe in safety first for our participants, volunteers, staff, horses and visitors. Thus, we cannot allow behaviors that endanger anyone. High Lonesome Therapeutic Equestrian Center instructors will follow the policies outlined in the Policy Manual which may necessitate removal from the activity or program. (If you have misplaced your Manual, you may request a new one)