Volunteer Information Form

Date: ____________________

Name: __________________________ Email: ________________________________

(First Name) (Last Name)

Organization or Group ____________________ (List if this is part of a group project, Ex: Junior League; HCA; Boy Scouts, etc.)

Phone: ____________________________ Home / Cell / Work (circle one)

Best Time to call: Morning / Afternoon / Evening / Any (circle)

Birthdate: __________ Age: __________ (optional) (if under 18)

How did you hear about our program?__________________________

Why are you interested in volunteering?__________________________

Describe your past horse training/experience:

_____________________________________________________________

_____________________________________________________________

Describe your past experience with people with disabilities: ________________________________

_____________________________________________________________

_____________________________________________________________

I am interested in the following volunteer opportunities: ________________________________

(Check all that apply)

___ Horse Handler  ___ Horse Buddy  ___ Fundraising

___ Sidewalker  ___ Facility Maintenance  ___ Board Membership

Horse Handlers & Sidewalkers must be able to walk and jog next to a horse and rider for 60 minutes.

MARK ALL TIMES YOU ARE AVAILABLE (For weekday mornings, please list the times available):

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How many days would you like to volunteer per week? _____ How many hours per day? _____

(**Note: Horse Handlers usually arrive 1-2 hours before lessons begin to groom and prepare horses. All other positions should arrive 15 minutes prior to their scheduled times.)

Specialties:

_____ Computer Support  _____ Equipment Repair  _____ Marketing

_____ Human Resources  _____ Grant Writing  _____ Fundraising

OTHER: ________________________________