



VOLUNTEER APPLICATION

Name: _____ Date: _____

Address: _____

Phone: _____ DOB: _____

Email: _____

Occupation: _____

Name and phone number of parent (if under 18 yrs) or emergency contact: _____

Relationship: _____

Height: (check one) under 5'4" _____ 5'4" to 5'7" _____ 5'7" or above _____

(This is needed to help match volunteers with horses and participants)

How much time are you wanting to volunteer?

_____ 2-4 hours a week _____ 6-8 hours a week _____ Other

What type of volunteering are you interested in? Please check all that apply:

_____ Working with riders _____ Working with horses _____ Special projects

_____ Hosting at the barn _____ Board Committees

_____ Other: _____

Days and Hours you are available: _____

No experience is necessary, but please fill in the sections that apply to you:

Your experience with horses: _____

Your experience with people with special needs: _____

Are you First Aid/CPR Certified? Yes _____ No _____

Are you willing to have a criminal background check performed? Yes _____ No _____

Date: _____

Signature

Printed Name

Date: _____

If applicant is a minor, parent signature

Printed Name