



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)

Age: _____ (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 /Put additional info on the back →

_____ **Lesson Volunteer***

_____ **Fundraising**

_____ **StableMates/Barn Volunteer**

_____ **Facility Maintenance**

_____ **Board Membership**

_____ **Other**

*Lesson Volunteers must be able to walk and jog next to a horse and rider for 60 minutes. Lesson Volunteers are expected to volunteer for the same day/time each week for 8 weeks AND attend a Volunteer Training session at least ONCE PER YEAR.

StableMate Volunteers must be able to do jobs like sweeping, grooming horses, lifting up to 40 lbs, bending, stooping, etc. and may be exposed to dust, mold, insects, etc.

WHEN ARE YOU AVAILABLE? (circle all that apply)

Weekday Mornings

Weekday Afternoons

Weekday Evenings

Saturday Mornings

Saturday Afternoons

NOTE: We do not schedule volunteers on Sundays. Therapeutic Riding classes are generally scheduled on Tuesdays, Wednesdays, Thursdays late afternoon/evening AND Saturday mornings.

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