

About You...

What are your skills and interests? _____

Have you volunteered with us before? Yes No When? _____

Do you have previous volunteer experience? Yes No
If yes, where? _____ For how long? _____

Do you have experience with horses? Yes No
Please Explain. _____

Do you have experience with people with disabilities? Yes No
Please Explain. _____

About Us...

How did you hear about Therapeutic Horsemanship? _____

Why do you want to become a Therapeutic Horsemanship volunteer?

Which areas of our program would you like to volunteer? (Please check all that apply.)

- _____ Administrative _____ Program _____ Vendor Volunteer
- _____ Barn Work _____ Sidewalker _____ Facility/Grounds Care
- _____ Fundraising _____ Leader
- _____ Public Relations _____ Horse Handler

Availability and Location

Please check all the times you are available to volunteer, and the location which you prefer.

***Please note: the Rocking R Ranch only has classes on Wednesday afternoons and evenings.**

Monday	Tuesday	Wednesday	Thursday	Saturday
morning	morning	morning	morning	morning
afternoon	afternoon	afternoon	afternoon	afternoon
evening	evening	evening	evening	evening

I am at least 14 years of age. Yes No

I certify that the statements made in this volunteer application are true and correct and have been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest and I release Therapeutic Horsemanship from any liability whatsoever for supplying such information.

I understand that I will not be paid for my services as a volunteer.

Applicant's Signature _____ **Date** _____

Legal Guardian's Signature _____ **Date** _____

(The Legal Guardian of the Applicant must sign if the Applicant is less than 18 yrs old.)