



## VOLUNTEER APPLICATION & REGISTRATION

NAME: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ WORK: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

VOLUNTEER AVAILABILITY AND TIMES samples: {8-12 am } {12-4 pm}

SUN \_\_\_\_\_ MON \_\_\_\_\_ TUE \_\_\_\_\_ WED \_\_\_\_\_ THURS \_\_\_\_\_ FRI \_\_\_\_\_

SAT \_\_\_\_\_

Are you willing to be on our emergency call list if we are shorthanded? YES NO

HORSE EXPERIENCE: YES NO

If yes, what type of experience:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EXPERIENCE WITH SPECIAL NEEDS STUDENTS: YES NO

If yes, what type of experience:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LESSONS EXPERIENCE: YES NO

If yes, what type and level:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*EACH VOLUNTEER IS RESPONSIBLE FOR TRACKING HIS/HER OWN HOURS USING A TRACKING SHEET. THESE SHEETS ARE AVAILABLE IN THE MAIN OFFICE AND MUST BE SIGNED AT THE END OF EACH DAY. IF THIS SHEET IS NOT SIGNED FOR EACH DAY THAT THE VOLUNTEER IS PRESENT, CONFIRMATION OF COMPLETED HOURS CANNOT BE GIVEN UNDER ANY CIRCUMSTANCES.

PRINT \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Volunteer) (Volunteer)

PRINT \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Parents/Guardians if volunteer is under 18 years of age) (Parents/Guardians)

WE ARE A 501c(3) NON-PROFIT ORGANIZATION EIN # 27-1525547