



Ironstone Farm Volunteer Application 2022



Name: _____ Date of Birth*: ____/____/____

(*must be 13 to volunteer)

Address: _____ City: _____ State: _____ Zip: _____

Occupation: _____ Place of Business/School: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email address (please print neatly): _____

(Note: please expect to receive periodic emails from us via email, including scheduling)

Best way to contact you? _____

Volunteers groom and tack horses in preparation for each session, and then lead horses during the session (controlling the horse at all times) or act as a side walker for mounted participants (physically supporting the rider or acting as a spotter). Do you have any health issues, diagnoses or physical limitations that would make the responsibility of leading or side walking difficult for you? Yes No

If yes, please explain: _____

Are you able to walk for 1-3 hours and jog alongside a trotting horse for short distances? Yes No

Are you able to hold your arm above shoulder height and support a rider's weight (when given a chance to switch sides)? Yes No

Have you ever been convicted of a criminal offense? Yes No

If yes, when? _____

Where? _____ Briefly explain: _____

How did you hear about our volunteer program? _____

(e.g., word-of-mouth, flyer, friend, newspaper, Internet, VolunteerMatch, Senior Corps, City Corps, etc.)

Have you volunteered at Ironstone Farm in the past? Yes No

If yes, what were the approximate dates of attendance? _____

****SERVICE LEARNERS/COMMUNITY SERVICE ONLY****

Is your volunteer experience a school, college, organization, or company requirement? Yes No

If yes, please indicate the number of hours you must complete and the time frame that you need to complete the hours _____



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Tell us about your experiences with:

Horses: _____

Leading/Sidewalking: _____

People with Disabilities: _____

What interests you about becoming a volunteer? _____

Do you have any special skills/talents that you would be interested in sharing with the Ironstone Farm programs (e.g., sign language, carpentry, photography, baking, grant writing, foreign language, or special events)?

VOLUNTEER AVAILABILITY

Please indicate (with a checkmark) the days and times you are available to volunteer. Please be sure to take your work, sports, and/or school schedule into consideration. The minimum volunteer time is 1 hour. Volunteer sessions are typically 1.5-3 hours in length. Most volunteers are expected to commit to a weekly schedule, but if your schedule changes week to week or month to month, please note that below.

	Morning (9:00AM-12:00PM)	Mid-Day (11:00AM-2:00 PM)	Afternoon (3:00PM-5:00PM)	Evening (5:00PM-7:30PM)	Other Times
M					
T					
W					
Th					
Fr					
Sat			CLOSED		

Scheduling Notes that you feel are pertinent to share. Please feel free to state the times other than above that work best for your schedule.



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Thank you for taking the time to complete this application. We strive to bring you in for training as quickly as possible! Do not hesitate to contact the Volunteer Team with any questions or unique circumstances regarding your schedule. We look forward to meeting you in a workshop.

Signature: _____

Date: _____

Signature: _____

Date: _____

(Parent or guardian must also sign if applicant is under 18 yrs of age)

OFFICE USE ONLY:

Application Received: _____ Contacted: _____ Workshop Date: _____

Forms: Volunteer Emergency Release Code of Ethics SORI/CORI

Workshop successfully completed: _____