



Guiding Reins

REINING IN LIFE THROUGH THE HEART-MIND CONNECTION

Volunteer Enrollment Form

Name _____

Address _____

City/State/Zip _____

Home Phone _____

Cell Phone _____

Email _____

Are you familiar with working around horses? Y N

Have you volunteered or previously worked for an Equine Assisted Therapy program? Y N

If yes, what was the program name and location:

What tasks did you perform? _____

Please check your areas of interest or expertise (please describe). Please check any that apply:

Side Walking Leading Fundraising Note Taking Volunteer Mgmt

Other _____

What days can you volunteer for Guiding Reins? Please check any that apply.

Monday Tuesday Wednesday Thursday Friday Saturday

How many hours per week would you like to possibly volunteer?

1 2 3 4 5 6 7 8 Other _____

Thank you for your interest in volunteering for Guiding Reins. We will be contacting you within the next 10 days.