

JAKE E'S RIDING ROUND UP

where the healing begins . . .

VOLUNTEER INFORMATION FORM

Date: _____

(Circle one)

Mr. Mrs. Ms. Miss

(Please Print)

Last: _____ First: _____ Middle _____

Date of Birth: _____ Age: _____ Height: _____ T shirt sz: _____

Address: _____ Home Phone: _____

City: _____ Cell Phone: _____

State: _____ Work Phone: _____

Zip: _____ E-Mail (Print) _____

Employer or School: _____

Parent / Guardian Name: _____ Phone: _____

Why do you want to volunteer?

Do you have previous experience working with persons with any disability?

Explain: _____

Do you have previous experience working with horses?

DAY(S) & /TIME(S) YOU WILL BE AVAILABLE TO VOLUNTEER

(Circle All That Apply)

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>
Morning	Morning	Morning	Morning	Morning	Morning
Evening	Evening	Evening	Evening	Evening	Evening

Substitute List: If you cannot commit to a regular scheduled time each week, then you may be called to fill in for a volunteer only in the event that they are unable to make their time.

_____ Yes No _____

I would like to be a : (Check all that apply)

_____ Horse Leader (horse experience preferred)
_____ Side Walker (no horse experience needed)
_____ Either Position

If possible, I would like to volunteer with: _____
(Name of Student)

_____ Volunteer Caller (must have fax or e-mail) can be done from home

_____ Computer Work

_____ Helping riders before class

_____ Funraisers

_____ Cleaning and repairing saddles and tack

_____ Cleaning Facility

_____ Yard work

_____ Hugging

_____ Prayer Walking

_____ Anything you like to do, not listed above _____

