

Volunteer/Staff Information

Volunteer name: _____ Date: _____

Address: _____

Date of Birth: _____ Age: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Employer/School: _____ Phone: _____

Address: _____

Parent/Legal Guardian Name and Address: _____

Parent/Legal Guardian Phone if different: _____

How did you learn about Hooves to Heal, NFP? _____

Tetanus Shot

A tetanus shot is highly recommended for all volunteers and staff working with the horses.

If you have a current tetanus shot please indicate the year the shot was received here: _____

If you decline your personal responsibility to obtain a tetanus shot, please initial here: _____

If you don't have a current shot but plan to, please notify the Program Director when the shot has been received.

Do you have CPR or First Aid Training?:

CPR Adult [] Expires _____ CPR Child [] Expires _____ First Aid [] Expires _____

Horse Experience: _____

All horses are to be handled consistently with natural horsemanship methodology.

Please check areas of interest:

PROGRAM

- ~ Horse preparation
- ~ Sidewalking
- ~ Horse leader
- ~ Arena crew
- ~ Stable management
- ~ General maintenance
- ~ Facility repairs
- ~ Improvements

SPECIAL EVENTS

- ~ Horse Show
- ~ Fundraising
- ~ Special Olympics
- ~ Trail Rides
- ~ Annual Events

ADMINISTRATION

- ~ Public relations
- ~ Grant Writing
- ~ Newsletter
- ~ Volunteer Recruiting
- ~ Volunteer Packages
- ~ Participant packages
- ~ Mailings
- ~ Photography/Video
- ~ Future Planning

Hours available: M _____ T _____ W _____ Th _____ F _____ S _____ Su _____

Special skills (Also please describe any experience with the disabled):

I understand that my final placement as a volunteer to the Hooves o Heal, NFP program is contingent on my background check and my review at the end of the trial period. I understand the invaluable role I play as a volunteer to this program and therefore pledge to uphold my commitments to this program and the clients it serves. Furthermore, I agree to uphold all program standards and policies.

Signature: _____ Date: _____

(Volunteer/staff; signed in presence of center staff)