



ADAPTED SPECIALIZED TRAINING AND RECREATION  
INVOLVING DISABLED EQUESTRIANS

**VOLUNTEER APPLICATION**

Date \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ 2<sup>nd</sup> Phone/Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Do you hold current CPR/First Aide Certification? \_\_\_\_\_

If in school:

Name of School \_\_\_\_\_ Major \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ ext. \_\_\_\_\_

AVAILABILITY: (Circle One) Class Set-up, Evening Classes, Day Classes, Weekend Classes  
Times \_\_\_\_\_

**If it is necessary to cancel a scheduled class, please provide a phone number where you can be reached.**

Work or Home Phone (\_\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Pager (\_\_\_\_\_) \_\_\_\_\_

PRIOR experience with individuals with disabilities: \_\_\_\_\_  
\_\_\_\_\_

PREVIOUS experience with horses: \_\_\_\_\_  
\_\_\_\_\_

Would you be interested in helping with: (Circle One)

Tack Organization      Administration      Horse Preparation      Fundraising      Volunteer Coordination

Volunteering may mean exposure to animals, dust, and bodily fluids (i.e. drool). As a volunteer, you will need to be in sufficient physical condition and mobility to walk and run in a sand footing arena, in warm and cool temperatures, for periods of up to 45 minutes.

Volunteer Name \_\_\_\_\_  
(Please Print)

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_  
(If Volunteer is Unger 18 Years of Age)