



HIGH HURDLES VOLUNTEER APPLICATION FORM

Name: _____ Date: _____

Address: _____ Home Phone: _____

_____ Cell Phone: _____

E-mail: _____ Work Phone: _____

Are you under 18 years of age? _____ Yes _____ No If yes, what is your age? _____

Present employer: _____ If student, name of school: _____

How did you learn about the High Hurdles Therapeutic Riding Program? _____

Why would you like to become a High Hurdles volunteer? _____

Please indicate areas in which you are interested:

- | | |
|--|--|
| <input type="checkbox"/> Leading a horse | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Side-walking with a rider | <input type="checkbox"/> Volunteer recruitment |
| <input type="checkbox"/> Grooming | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Assisting in off-horse / classroom activities | <input type="checkbox"/> Mailings |
| <input type="checkbox"/> Exercise a horse | |

1. Briefly describe your experience, if any, with horses: _____

2. Briefly describe your experience, if any, with people with developmental disabilities: _____

3. Please list any medical conditions you would like to make us aware of (i.e. allergies, cardiac or respiratory conditions, etc.): _____

Please list two personal references (not relatives) whom we may contact:

Name: _____ Phone: _____

Name: _____ Phone: _____

Your Signature, or if you are under 18, your parent's signature: _____

You will be notified following a review of your application. If you are approved, a time for orientation will be scheduled. All volunteers must attend a Volunteer Orientation prior to volunteering.

Please return completed form to: High Hurdles / SASi or fax to (716) 496-4010
Attn: Megan Stapley
P.O. Box 526
Sardinia, NY 14134