

## HIGH HURDLES VOLUNTEER APPLICATION FORM

Name: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: Home Phone:

 Cell Phone:

E-mail: Text? \_\_\_\_YES \_\_\_\_NO

Preferred mode of contact: \_\_\_\_TEXT \_\_\_\_EMAIL \_\_\_\_CALL

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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Please indicate areas in which you are interested:**

* Leading a horse
* Side-walking with a rider
* Grooming
* Assisting in off-horse / classroom activities
* Exercise a horse
* Mailings, Newsletter
* Volunteer Recruitment
* Fundraising
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/Training prior to volunteering and be approved to lead a horse during class.

Please return completed form to: High Hurdles / SASi or fax to (716) 496-4010

 Attn: Shelby Dytschkowskyj

 P.O. Box 526

 Sardinia, NY 14134