



VOLUNTEER REGISTRATION

Please print

NAME:		DATE
ADDRESS: City, State & zip code		HOME PHONE
EMPLOYER <i>or</i> ENTER if in Service Learning Program, <i>or</i> "PAY", if Pay Program		WORK PHONE
DATE OF BIRTH	E-MAIL ADDRESS	CELL PHONE

Minimum age: 13 yrs. old

Check days available:

<u>SESSION DAYS:</u> <input type="checkbox"/> *Mon AM <input type="checkbox"/> *Wed AM <input type="checkbox"/> *Thurs PM <input type="checkbox"/> *Sat AM	<u>SPECIAL EVENT DAYS:</u> <input type="checkbox"/> Friday <input type="checkbox"/> Sunday
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CHECK AREAS OF INTEREST:

Program Volunteer

- Leading a horse
- Side walking with rider
- Barn/horse chores
- Exercising horses:**

Experienced riders only

Ability will be tested

(You must know how to ride)

Fund-raising Events

- Events Committee
- Showtime
- Black Stallion Literacy project
- Horse Shows
- Blizzard at the Barn
- Buckaroo Ball

Administration

- Board of Directors
- Newsletter
- Volunteer Coordinator
- Volunteer Trainer
- Riding Instructor

SPECIAL SKILLS AND CONTACTS

Please note any physical or health limitations, special skills or hobbies & experience:

****BACKGROUND INFORMATION****

Due to the nature of our program, we reserve the right to conduct background checks on all volunteers. All information is confidential. Please complete the following:

Have you ever been Arrested for a crime: Yes No

Convicted of a crime: Yes No

If you check yes to either question, please see the Volunteer Coordinator before leaving.

Current Driver's License Nbr.: _____ State _____

*Your signature is our authorization to complete this background check

***Signature:** _____