

The California Therapy Horses

Volunteer Application



(please print) Today's Date: ____/____/____

Name: _____

(First) (Middle Initial) (Last)

Street: _____ City _____ Zip _____

Daytime Telephone: (____) ____ - ____ Evening Telephone: (____) ____ - ____

Date of Birth: ____/____/____ Height: _____ Cell Telephone: (____) ____ - ____

E-Mail Address: _____

Emergency Contact: _____

Relationship: _____ Telephone: (____) ____ - ____

If Yes, please describe: _____

Parent of Guardian (where applicable)

Name: _____

(First) (Middle Initial) (Last)

Street: _____ City _____ Zip _____

Daytime Telephone: (____) ____ - ____ Evening Telephone: (____) ____ - ____

Email Address: _____ Cell Telephone: (____) ____ - ____

Prior experience is not required; however, it is valuable for us to know what skills you bring

Do you have any previous horse experience: Yes _____ No _____

If yes, please describe (include grooming/tacking experience, length of time, skills, etc.):

Do you have any experience with individuals with challenge? Yes _____ No _____

If yes, please describe: _____

Do you have other skills that you would like us to know about (*i.e.*, sign language)?

Do you have other volunteer experience, either in the past, or currently? Yes _____ No _____

If yes, please share more information (what organization, your role, length of time):

Some volunteer positions, including that of sidewalker, have certain physical requirements. We have positions for all volunteers and welcome every kind of helper.

Other Pertinent Information

Able to lift ☐ 25 lb ☐ 55 lbs ☐ Able to walk with arms above head for 20 minutes

☐ Able to jog for short periods Any physical limitations _____

What type of volunteer work are you most interested in?

☐ Sidewalker (assisting in the ring) ☐ Ground Lessons ☐ Office Work ☐ Barn Work

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the investigation of all statements contained within this volunteer application for Soul Healing Horses. I understand and agree that false and mislead information given in my application may result in the immediate discharge from volunteer services at Soul Healing Horses.

Signature _____ Today's Date: ____/____/____

(in case of minor, signature of parent or legal guardian)

