



VOLUNTEER APPLICATION

Thank you for your interest in volunteering at Dream Riders / TLC Centers for Therapy, NFP.
There is a minimum age requirement of 16 years old with parental consent.
No horse experience necessary. Please complete application and return to the main office.

Name: _____ Date of Birth: _____

Home Address: _____ City: _____ State: _____

Zip Code: _____ Home phone: _____ Cell phone: _____

Email address: _____

Occupation/Employer or School: _____

City: _____ State: _____

Availability:

Day(s) of the week

Hours:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

Morning _____ Afternoon _____ Evening _____

specific time requirement? _____

* Two (2) hour minimum hour requirement

Number of times per week you are interested in volunteering: _____

*Please note: Program times are tentative; changes may be made based on rider availability and program discretion.

Areas of interest:

- Side walker-assisting with sessions, provides stability and support to non-independent riders
- Grooming
- Office
- Fundraising / Special Events

Do you have experience / training working with people with disabilities? Yes No

(describe briefly) _____

Continue on back

Are you comfortable working around horses? Yes No

Do you have experience with horses? Yes No

(describe briefly) _____

Are you able to walk in sand for 2 hours / jog a short distance and elevate arms above shoulder while maintaining balance? Yes No

Are you able to hold your arms shoulder height to support a rider's weight? Yes No

Do you have health issues or physical limitations that we should be aware of?

(describe briefly) _____

Reason for volunteering? _____

Any programs or agencies that you have volunteered for in the past 5 years?

(describe) _____

How did you hear about our facility?

- School
- Website
- Friend
- PATH, Intl.
- Other _____

Have you ever been arrested for or convicted of a crime against a person or animal?

Yes No If yes, explain _____

Have you ever been listed on a registry for child abuse? Yes No

If yes, explain _____

*Please be aware that our facility cannot accept applicants into our program who have been arrested for or convicted of crimes against persons and/or animals. All volunteers are subject to a background check prior to volunteering.

Please list three people who can provide personal or professional reference:

Name:

Phone number:

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |

Further information will be given at training; Orientation sessions will include: Disability Awareness, Horse care, Horse safety and Equipment training.

Applicant signature: _____

Date: _____