



## 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 questionnaire in full 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 of the week

Hours:

- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday

morning \_\_\_\_\_ afternoon \_\_\_\_\_ evening \_\_\_\_\_

specific time 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
- Horse handler-leads horse during sessions **\*experience required and fit will be determined by volunteer coordinator**
- Grooming **\* experience required**
- 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?

- Newspaper
- School
- Website
- Friend
- PATH, Intl.
- Program sign

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: \_\_\_\_\_