TOMORROW'S EQUESTRIAN CENTER, INC.

VOLUNTEER INFORMATION SHEET

Name _____ Date _____

Address _____ City _____ Zip _____

Birth Month and Day _____ Home Phone _____ Work Phone _____

Notify in case of emergency _____ Phone _____

Are you available days? _____ Evenings? _____ Weekends? _____

Do you have any physical limitation? _____ If so, please specify _____

Can you walk for 30 minutes and jog for short distances? _____

Given a chance to change sides frequently, can you hold your arm above your shoulder height and support a modest weight? _____

Are you comfortable working or walking around horses / ponies? _____

Do you have experience with horses or ponies? _____ If so, specify _____

_____

Do you have any other skills or training, which may be of benefit to a volunteer program? _____

_____

Our greatest need is for sidewalkers and horse handlers. Please check those areas you are interested in:

_____ Sidewalker / horse handler in riding class

_____ Assist with transportation of mounts or handicapped / disabled individuals

_____ Telephone calling

_____ Typing / office

_____ Fund raising

_____ Maintenance of facility

_____ Publicity, i.e., writing articles, contacting organizations, etcetera.

_____ Publications / posters

_____ Equipment care

One of our members will contact you by phone for more information and a class assignment.

How long will it take you to travel from home to our facility _____ Time Round trip? _____

Where did you first hear about Tomorrows Equestrian Center? _____.