

**WILLOW FARM THERAPEUTIC RIDING
VOLUNTEER SIGN-UP SHEET**

NAME: _____

PARENT/GUARDIAN (if under 18): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE #: (h): _____ (cell): _____

(w): _____ (email): _____

DATE OF BIRTH: _____

NOTIFY IN CASE OF EMERGENCY: _____

PHONE: _____

ARE YOU AVAILABLE DAYS? _____ EVENINGS? _____ WEEKENDS? _____

DO YOU HAVE ANY PHYSICAL LIMITATIONS? _____

IF SO, PLEASE SPECIFY: _____

Can you walk for 60 minutes and jog short distances? _____

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

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

Do you have experience with horses/ponies? _____

If so, please specify: _____

Do you have other skills or training that may benefit our volunteer program?

If attending college, or high school, do you need credit for your volunteer work?

Do you have your own transportation? _____ If no, do you think that it will interfere with volunteering? _____

Please check the areas that you are interested in:

_____ sidewalker in a riding class

_____ horse leader in a riding class

_____ assist with transportation of mounts or disabled person

_____ telephone calling

_____ fundraising

_____ publicity: writing articles, contracting organizations, ect.

_____ publications/posters

_____ equipment care

Your participation in this program will help to offer new opportunities to people with disabilities. If you know someone who would be interested in volunteering or if you have any questions regarding the program please call: Julie Frazier at 906-249-3648