

## Volunteer Information Form

(Volunteers must be at least 15 years old.)

Please mail to: Northland Therapeutic Riding Center, P.O. Box 1267, Kearney, MO 64060

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Birthday (month/day only): \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Business: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred Mailing Address: \_\_\_ Home Address \_\_\_ Business Address

If student, name of school: \_\_\_\_\_

City: \_\_\_\_\_

While not required for all volunteer position, please describe any previous experience with horses: \_\_\_\_\_

Other volunteer experience: \_\_\_\_\_

Hobbies/Interests: \_\_\_\_\_

How did you learn about Northland Therapeutic Riding Center: \_\_\_\_\_

While schedules change, please check all times when you are generally available.

Monday: \_\_\_ Morning \_\_\_ Afternoon \_\_\_ Evening Comments: \_\_\_\_\_

Tuesday: \_\_\_ Morning \_\_\_ Afternoon \_\_\_ Evening Comments: \_\_\_\_\_

Wednesday: \_\_\_ Morning \_\_\_ Afternoon \_\_\_ Evening Comments: \_\_\_\_\_

Thursday: \_\_\_ Morning \_\_\_ Afternoon \_\_\_ Evening Comments: \_\_\_\_\_

Please check all areas of interest. Most areas will require special training and attendance at a volunteer orientation.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Horse Leader                          | <input type="checkbox"/> Carpentry                    | <input type="checkbox"/> Tach Maintenance     |
| <input type="checkbox"/> Speakers Bureau (community education) | <input type="checkbox"/> Fundraising                  | <input type="checkbox"/> Budget and Finance   |
| <input type="checkbox"/> Special Barn Projects                 | <input type="checkbox"/> Horse Schooling              | <input type="checkbox"/> Photography          |
| <input type="checkbox"/> Horse Care                            | <input type="checkbox"/> Side Walker (with student)   | <input type="checkbox"/> Barn/Arena Main-     |
| <input type="checkbox"/> Office Support                        | <input type="checkbox"/> Public Relations             | tenance                                       |
| <input type="checkbox"/> Newsletter                            | <input type="checkbox"/> OT, PT, or Speech Consultant | <input type="checkbox"/> Facility Maintenance |

*"Thank you for your interest in volunteering for Northland Therapeutic Riding Center. Sharing your talent and time to help others is a wonderful gift."* -- Elizabeth Thompson, Executive Director, Northland Therapeutic Riding Center

Date: \_\_\_\_\_ Signature: \_\_\_\_\_