

2010 People Helping Horses
Leg Up for Kids Therapeutic Riding

Volunteer Application

Date: _____
 Name: _____
 Address: _____
 City, State Zip: _____
 Phone (cell or home?): _____
 Email: _____

Best way to contact you? (circle one):
cell home phone email text other: _____
 Age: (15 and under must be accompanied by an adult) _____
 T-Shirt Size: _____
 How did you hear about us? _____

Previous Horse Experience:

What are your expectations in volunteering with us?

What day(s)/time(s) are you regularly available? (Fill in times you are available)

Time slot	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
9am-12pm							
12pm-3pm							
3pm-6pm							

Would you be willing to assist with (check those that apply):

Therapeutic Riding _____ Landscaping _____ Carpentry _____
 Celebrate the Horse _____ Maintenance _____ Open House _____
 Horse Shows _____ Dancin' in the Dirt _____

What other talents do you have that could help improve our organization?

Ex: Advertising, Graphic Design, Grant Writing, Arts and Crafts, Public Speaking, etc

Thank you for taking the time to give us a little more information about yourself! We are a growing organization and without help from committed volunteers we would not be where we are today.