

**HEALTH DIRECTED RIDING, INC.***Where Rehab Reins*Volunteer Application

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Age (if under 18): \_\_\_\_\_ Parents Name (if under 18): \_\_\_\_\_  
Phone: Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

What Session(s) are you available to volunteer?

Spring Session ( Approx. May thru June)     Morning     Afternoon     Evening  
 Summer Session ( July thru August)     Morning     Afternoon     Evening  
 Fall Session ( September thru October)     Morning     Afternoon     Evening

Would you be willing to be an on-call volunteer? If so, please indicate what times you may be available.

Spring Session ( Approx. May thru June)     Morning     Afternoon     Evening  
 Summer Session ( July thru August)     Morning     Afternoon     Evening  
 Fall Session ( September thru October)     Morning     Afternoon     Evening

What areas would you like to become involved in:

<input type="checkbox"/> Work with riders with disabilities	<input type="checkbox"/> Grounds Maintenance
<input type="checkbox"/> Horse leading / sidewalking	<input type="checkbox"/> Horse Grooming / exercising
<input type="checkbox"/> Volunteer Recruitment / scheduling	<input type="checkbox"/> Office / computer work
<input type="checkbox"/> Special Events	<input type="checkbox"/> Grant writing / fundraising
<input type="checkbox"/> Tack maintenance	<input type="checkbox"/> Newsletter

What previous experience have you had with people with disabilities?

What previous experience have you had with horses?

List any special interests/hobbies/talents or ideas you would like to share with Health Directed Riding: