



ARION Therapeutic Riding Association

Volunteer Application Form

Date: _____

Surname: _____ First Name: _____ Birth Date: _____

Address: _____ City/Prov.: _____ Postal Code: _____

Phone: (Home) _____ (Work) _____ (Cell) _____ Email: _____

Occupation: _____

IN CASE OF EMERGENCY PLEASE CONTACT:

Name: _____ Relation: _____ Phone: (Home) _____ (Work/Cel) _____

Physician: _____ Phone: _____

AVAILABILITY:

PLEASE FILL IN THE TIME OF DAY YOU ARE AVAILABLE (START TO FINISH)

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Are you available on short notice? Yes No

WHICH AREAS ARE YOU INTERESTED IN VOLUNTEERING IN?

- Leading a horse
- Side walking with rider
- Barn Work
- Horse Shows
- Grooming
- Office Work
- Carpentry
- Summer Camps
- Special Events
- Grounds Maintenance
- Fundraising Committee
- Other (please specify) _____

Do you have experience with people with disabilities? Yes No

Please explain _____

Do you have experience with horses? Yes No

Please explain _____

Do you have any health concerns we should be aware of? Yes No

Please explain _____
