

# Volunteer Information Update



Riding Season: \_\_\_\_\_

Name: \_\_\_\_\_

## Contact Information

Household Address

Phone

Preferred Phone:

Home Phone:

Cell Phone:

Work Phone:

Email:

*Email is our primary form of communication.*

*If you need an alternate method of communication, please circle your preferred method of contacting you.*

**Emergency Contact:**

**Phone:**

**Relationship to Volunteer:**

**Preferred Hospital for Emergency Treatment:**

## Volunteer Interests

- |   |   |
|---|---|
| <input type="checkbox"/> Assist in Barn with Horses (requires horse experience) | <input type="checkbox"/> General Cleaning |
| <input type="checkbox"/> Horse Leader (requires horse experience)               | <input type="checkbox"/> Office Work      |
| <input type="checkbox"/> Sidewalking  | <input type="checkbox"/> Special Projects |
| <input type="checkbox"/> Facility Repair/Maintenance                            |   |

## Times Available to Volunteer

- |           |                               |                               |                                |                               |                               |          |                               |                                |                                |                                |
|-----------|-------------------------------|-------------------------------|--------------------------------|-------------------------------|-------------------------------|----------|-------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Wednesday | <input type="checkbox"/> 2:30 | <input type="checkbox"/> 3:00 | <input type="checkbox"/> 3:30  | <input type="checkbox"/> 4:30 | <input type="checkbox"/> 5:30 | Friday   | <input type="checkbox"/> 3:00 | <input type="checkbox"/> 3:45  | <input type="checkbox"/> 4:45  |                                |
| Thursday  | <input type="checkbox"/> 8:30 | <input type="checkbox"/> 9:30 | <input type="checkbox"/> 10:30 |                               |                               | Saturday | <input type="checkbox"/> 9:00 | <input type="checkbox"/> 10:00 | <input type="checkbox"/> 11:00 | <input type="checkbox"/> 12:00 |
|           | <input type="checkbox"/> 3:00 | <input type="checkbox"/> 3:30 | <input type="checkbox"/> 4:30  | <input type="checkbox"/> 5:30 |                               |          |                               |                                |                                |                                |

## Safety Training

Date I will attend Safety Training: \_\_\_\_\_

Volunteer Signature & Date: \_\_\_\_\_

For Office Use - Date Attended Safety Training: \_\_\_\_\_ Signed: \_\_\_\_\_