

Helping Hands and Hooves Volunteer Form

Name: _____

Address: _____

Phone: _____ email address: _____

Days and times available

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Sunday: _____

Describe your experience with horses and/or individuals with disabilities:

What types of activities are you interested in? (check all that apply)

___ Transportation of students

___ Assistance with horses

___ Assistance with students

___ Fundraising events

___ Newsletter writing and/or publishing

___ Assistance with PR and/or media contacts

___ Website maintenance