



Volunteer Form

Event Date(s) I can volunteer: _____

Name: _____ Age: _____ Gender: _____

Email address (please write neat): _____

Address: _____ City: _____ St: _____ Zip: _____

Phone: _____ Best time to reach you: _____

Preferred method of communication: Phone Email Snail mail

Can you work a full day or ½ day? _____ If ½ day, do you prefer AM or PM? _____

List any horse experience (Horse experience not necessary): _____

Do you have any physical limitations or conditions we should know about? _____

Do you have any special dietary needs? _____

Thank you for your gift of time!

A suggestion of things to bring: Weather appropriate clothing, hat, sunglasses, sunscreen, bug spray, folding chair, rain gear, any regular medications you normally take, a cooler with ice (we will supply the drinks).