

VOLUNTEER INTEREST FORM

Enter the information below, then click the "Print" button at the bottom of this page to print the form and send it to us at the address indicated. Thanks for your interest in TROT!

Name							
Street Address				City/S	State/Zip		
	Home Phon	ne		Work Phone			
	Email						
How did you hea	r about us?						
Are you a rider an working around h		r with yes no		unteered previously utic riding program?			
			If yes, where	?			
			What tasks d	id you perform?			
Please indicate you	r areas of int	terest:					
sidewalking/ stable management			☐ fundraisin	g public	relations	administration	n
How much time car	ı you contril	oute each week?	one hour	two hours	three hours	more	
Are you able to volu	ınteer	only on week	days? only o	n weekends?	both?		
Tell us briefly why you would like to volunteer for a therapeutic riding program:							
Those interested in I sidewalkers must be	eading or si able to kee	dewalking must be a p one arm at or abov	d horses and riders nable to walk and occasive shoulder height for ing, offered twice a ye	sionally jog over unev up to thirty minutes	ven ground for t . All applicants t	up to thirty minute who wish to work a	s. In addition,
I certify by my signa Volunteer Training.	iture below	that I meet the gene	eral requirements sta	ted above and wish	to be notified o	of the next schedu	led TROT
Signature:				Date:			