

# EQUESTRIAN ZONE

## Volunteer Registration Form – Minor

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

Parent's Name(s): \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Social Security: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone (home): \_\_\_\_\_ Telephone (mobile): \_\_\_\_\_

Telephone (work): \_\_\_\_\_ Email: \_\_\_\_\_

Employer and Occupation or School: \_\_\_\_\_

Describe your horse experience (if any): \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

In order to create the most meaningful volunteer experience, your input is valuable to us. Please tell us your expectations, goals, or objectives for volunteering with our program: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**Working with riders with special needs:** Please indicate your choice of times to volunteer in order of preference (1<sup>st</sup>, 2<sup>nd</sup>, etc). Please mark all available times.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8:00 a.m.						
9:00 a.m.						
10:00 a.m.						
11:00 a.m.						
12:00 p.m.						
1:00 p.m.						
2:00 p.m.						
3:00 p.m.						
4:00 p.m.						
5:00 p.m.						
6:00 p.m.						
7:00 p.m.						
8:00 p.m.						

**Would you be interested in helping with any of the following?**

Special Events: \_\_\_\_\_ Telephoning: \_\_\_\_\_ Data Entry: \_\_\_\_\_

Public Relations/Marketing: \_\_\_\_\_ Mailings: \_\_\_\_\_ Fundraising: \_\_\_\_\_

Grounds/Barn Maintenance: \_\_\_\_\_ Making Games: \_\_\_\_\_