

Volunteer Application

Name: _____ **Date of Birth** _____

Address: _____

Phone Number: _____ **Email:** _____

Experience with horses: Y/N

Describe: _____

Experience with persons with Disabilities: Y/N

Describe: _____

CPR or First Aid Certified: Y/N Certification date: _____

Availability:

Monday _____ *Tuesday* _____ *Wednesday* _____ *Thursday* _____

Friday _____ *Saturday* _____ *Sunday* _____

Can you dedicate regular hours?: Y/N *We operate our program April 1st-October 31st

Do you have any physical limitations?: Y/N Describe: _____

Positions of Interest (circle all that apply):

Horse leader

Stall/barn cleaner

Feeding horses

Side Walker

Exercising Horses

Grooming

Instructor Certification

Community Garden

Fundraising

Other: _____

North Idaho Therapeutic Horse Riding * 176 Alder Creek Rd. Sandpoint * 501c3 EIN 87-1014185