

Healing with Hooves Volunteer Application

Thank you for your interest in volunteering with Healing with Hooves! Please fill out the form below, and we'll get back to you shortly.

Personal Information

1. Full Name:

First Name _____ *Last Name* _____

2. Phone Number:

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3. Email Address:

4. Address:

Street _____

City _____

State _____ *Zip Code* _____

Availability

1. Which days of the week are you available to volunteer? (Check all that apply):

- Monday
- Tuesday
- Wednesday

- Thursday
- Friday
- Saturday
- Sunday

2. What time of day are you available?

- Morning (9 AM–12 PM)
- Afternoon (12 PM–4 PM)
- Evening (4 PM–7 PM)

Areas of Interest

What types of tasks are you interested in helping with?
(Check all that apply):

- Working with horses (care, feeding, grooming)
- Facility maintenance (repairs, cleaning, organizing)
- Assisting in therapy sessions with participants
- Administrative work (emails, scheduling, data entry)
- Fundraising and event planning
- Marketing and outreach (social media, promotions)

Do you have any specific skills or interests that would be helpful?

Experience and Background

1. Do you have experience working with horses?
 - Yes

- No
2. If yes, please describe:

 3. Have you worked with special populations (e.g., veterans, first responders, children)?
 - Yes
 - No
 4. If yes, please describe:

 5. Do you have any certifications (e.g., HeartMath, equine therapy, first aid)?
 - Yes
 - No
 6. If yes, please list:

Emergency Contact Information

- 1. Full Name:**

- 2. Relationship:**

- 3. Phone Number:**
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Additional Information

1. How did you hear about Healing with Hooves?
2. Why do you want to volunteer with us?
3. Do you have any medical conditions, allergies, or physical limitations we should be aware of?
 - Yes
 - No
4. If yes, please explain:

Agreement and Signature

By signing below, I agree to abide by the rules and policies of Healing with Hooves and understand that volunteering involves inherent risks.

1. Signature:

2. Date: