

Volunteer Form

Due to the nature of Willow Creek Ranch Therapeutic Riding Center programs, the following information is needed to ensure a safe and respectful environment, recognize PATH International responsibilities and promote insurability.

Please Print Clearly

Last Name: _____ First Name: _____ Birthdate: _____

Nickname: _____

Address: _____ City, State, Zip: _____

Phone(s):cell: _____ Texting accepted. Alternative phone: _____

Email Address: _____

Employer and/or School: _____

Please check all areas of interest:

- Arena Assistant, Fundraising, Grounds Keeper, Marketing/Advertising, Chores/Feeding, General Office, Horse Handling, Side walking with a student, Events Coordination, Grant Writing, Horse Prep/Barn Work, Volunteer Recruiting/Scheduling

How did you hear about Willow Creek Ranch (WCR)? _____

Do you have a friend or family member who would be interested in receiving volunteer information from WCR?

Name _____ Phone/Email: _____

Please indicate days/times you are available to volunteer: _____

Horse experience or working with special needs individuals is not a requirement for volunteering. You may use back of form for additional information.

Please describe your experience working with individuals who have special needs: _____

How many years of experience do you have working with horses? _____ Please describe: _____

Health

If you are volunteering for the lesson program (arena assistant/horse handling/side walking), can you walk for 45 minutes and jog short distances? _____ yes _____ no Are you able to raise your arms above shoulder height? _____ yes _____ no

Are you CPR/First Aid certified? _____ yes _____ no If yes, expiration date _____ adult child

Demands of working in an equine-assisted program include physical and emotional considerations. Please list any limitations (e.g. allergies, fitness, respiratory, bone/joint function, lifestyle changes, animal apprehensions) that may affect your ability to work in a ranch environment. This is not to exclude anyone that wishes to volunteer, but allows us to accommodate needs, if possible. A tetanus shot is recommended, but not required.

Medications for emergency use (e.g. epi-pen, inhaler): _____

(Office: Forms Complete _____; Roster _____; Email group _____; Orientation _____ Emer. Dismt. _____)