



Reining Hope Adaptive Equine Assisted Activities & Therapies LLC

574 Sunset Drive
 PO Box 146
 Morgan, VT 05853
 Tel: 802.895.9166 Fax: 802.895-9177 Web: www.reininghopeaeaat.com
"Wish It, Dream It, Do It!"

VOLUNTEER GENERAL INFORMATION FORM

1. Please tell us of your experience, if any, with:

- Horses: _____
- Individuals with disabilities/special needs: _____

2. Your Volunteer Interests (please check any/all interests):

- a. **Lesson Program Volunteer** I am interested in volunteering for the riding program in the following way(s): _____ Sidewalking Riders _____ Horse Leading (**must have horse experience**)
- b. **Equine Program Volunteer** _____ Horse Care, Feeding, Cleaning Paddocks/Stalls, etc.
- c. **Facility/Farm Volunteer** _____ General Maintenance/Repairs _____ Carpentry _____ Equipment Repair
- d. **Office Volunteer** _____ Data Entry _____ Reception _____ General Office Support _____ Mailings
- e. **Summer Equine Learning Day Program** _____ Assist with day horsemanship program
- f. **Special Events & Fundraisers Volunteer** _____ Serve on Special Events Planning Committee
 _____ Provide Assistance Day of an Event _____ Baking/cooking
- g. **Special Skills Volunteer** Do you have skills, technical/professional experience that would be beneficial to Reining Hope? If so, please check those that apply: _____ Photography _____ Marketing
 _____ Construction _____ Fundraising _____ Grant Writing _____ Computers _____ Graphic Design
 _____ Other: _____

3. Please indicate your Volunteer Availability: Please check days and time periods you are available to volunteer. Your actual volunteer schedule will be arranged with the Program Director/Volunteer Manager following your Orientation & Training session.

	Early morning 7:30 am – 9:00 am	Mornings 9:00 am – Noon	Afternoons 12:30pm – 4:30pm	Evenings 5:00pm - on	
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

In addition to your scheduled day and time, please check if you would like to be on the Volunteer Substitute list: _____

Please return completed form to:
 Reining Hope AEAAT, LLC
 ATTN: Kristin Mason, Program Director
 P.O. Box 146
 Morgan, VT 05853
 Phone: 802-895-9166 Fax: 802-895-9177

Thank you for your Volunteer interest & participation as a Volunteer at Reining Hope!