**NAME** (First/Last):

**ADDRESS** (Street/City/Town/Postal Code):

**TELEPHONE** (Home/Work/Cell):

**EMAIL**:

**AGE**: LESS than 14 years 14 to 18 years OVER 18 years

Are you BONDABLE? YES NO (BONDABLE means you have NO criminal record)

Are you able to work with “people with vulnerabilities?” YES NO

Do you have any medical conditions that we should be aware of?

Contact person in case of an emergency (Name/Phone):

How did you hear about Little Bits as a place to volunteer?

What made you choose Little Bits as a place to volunteer?

Please list any additional skills or interest that you would be willing to share with Little Bits:

Do you have any experience interacting with people with disabilities? YES NO

If YES, please describe:

 Do you have any experience with horses? YES NO

If yes, please describe:

Availability (Approximate Times)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| SUNDAY | 9:30-1:15 | 10:45-2:15 | 12:45-4:15 | 2:45-6:15 | Other: to  |
| TUESDAY AM | 8:30-12:00 | 9:45-12:15 |  |  | Other: to  |
| TUESDAY PM | 3:30-7:15 | 4:45-8:15 | 5:45-9:15 |  | Other: to  |
| WEDNESDAY | 2:30-6:15 | 3:45-7:15 | 4:45-8:15 | 5:45-9:15 | Other: to  |

**REFERENCES**

Little Bits Therapeutic Riding Association requires that all new volunteers provide information for two references. These may come from teachers, employers, other agencies you volunteer with, coworkers, etc.

NAME:

RELATIONSHIP TO YOU:

EMAIL:

PHONE:

NAME:

RELATIONSHIP TO YOU:

EMAIL:

PHONE: