



# R & R New Options Equine

P.O. Box 2126 Gresham, OR 97030 Phone: 503.312.1440

Non Profit 501-c3 Tax ID# 37-1653682

## ADULT VOLUNTEER APPLICATION FORM

Please print and answer every item

Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Female Male  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Alt Phone # \_\_\_\_\_  
 Emergency Contact Name and Phone #: \_\_\_\_\_

How Did You Hear About R&R New Options?

\_\_\_\_\_

Do you have any physical/medical or other conditions which might affect your ability to volunteer?

\_\_\_\_\_

Are you currently First Aid Certified? Yes No CPR Certified? Yes No

Have you completed any first aid/rescue breathing/CPR training?

\_\_\_\_\_

Languages: (Including sign language):

\_\_\_\_\_

What are your strengths, special talents or abilities?

\_\_\_\_\_

What are your weaknesses?

\_\_\_\_\_

Why do you want to volunteer? (check all that apply):

Personal fulfillment  School requirement  Community service requirement  Skill development

Are you comfortable working and/or walking around horses and ponies? Yes No

What type of experience, if any, have you had with horses and ponies, list number of years:

\_\_\_\_\_

\_\_\_\_\_

**HELMET RULE** – I understand that as an adult I have the option to choose whether or not I will wear a helmet when riding a horse. \_\_\_\_\_ initials

**RIDING** - After I volunteer for 20 documented hours, I have the opportunity for a lesson. \_\_\_\_\_ initials

**PHOTOS** - I hereby consent to and authorize the use and reproduction by R&R New Options Equine of any

and all photographs and any other audio-visual material taken of me for promotional material, educational activities, exhibitions, fund raising or for any other use for the benefit of the program. \_\_\_\_\_ initials

Background check to be completed online. There is a \$25 background check fee.

<https://truesource.formstack.com/forms/SignedReleaseForm>