



R & R New Options Equine

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Non Profit 501-c3 Tax ID# 37-1653682

ADULT VOLUNTEER APPLICATION FORM
Please print and answer every item

Date: _____

Name: _____ Date of Birth: __/__/____ Female or Male

Address: _____ City: _____ State: ____ Zip Code: _____

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 or No

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

What are your weaknesses?

Languages: (Including sign language):

What are your strengths, special talents or abilities?

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

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