

2009 Volunteer Application

Date: _____
 Name: _____
 Address: _____
 City, State Zip: _____
 Phone: _____

Email: _____
 Age (volunteers 15 and under must be accompanied by an adult): _____
 T-Shirt Size: _____
 How did you hear about us? _____

Previous Horse Experience:

What are your expectations in volunteering at PHH ?

What day(s)/time(s) are you regularly available? (Fill in times you are available)

| Time slot | Mon | Tues | Wed | Thurs | Fri | Sat | Sun |
|-----------|-----|------|-----|-------|-----|-----|-----|
| 9am-12pm | | | | | | | |
| 12pm-3pm | | | | | | | |
| 3pm-6pm | | | | | | | |

Would you be willing to assist with (check those that apply):

Therapeutic Riding _____ Landscaping _____ Carpentry _____
 Celebrate the Horse _____ Maintenance _____ Open House _____
 Horse Shows _____ Dancin' in the Dirt _____

What other talents do you have that could help improve our organization?

Ex: Advertising, Graphic Design, Grant Writing, Arts and Crafts, Public Speaking, etc. _____

Thank you for taking the time to give us a little more information about yourself!

We are a growing organization and without help from committed volunteers we would not be where we are today.