



## Volunteer Application

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Parent or Guardian if 18 years of age or under: \_\_\_\_\_

Have you volunteered with HHHR before? \_\_\_\_\_ If yes, when? \_\_\_\_\_

How did you hear about us?

Horseback Riding Experience

Weight \_\_\_\_\_ lbs.

☐ Under 10 hours riding experience

☐ Over 10 hours riding experience

I am interested to volunteer in the following areas:

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Horse Care        | <input type="checkbox"/> Lawn Care       | <input type="checkbox"/> Landscaping         | <input type="checkbox"/> Gardening      |
| <input type="checkbox"/> Games             | <input type="checkbox"/> Crafts          | <input type="checkbox"/> Welcoming Guests    | <input type="checkbox"/> Snack Prep     |
| <input type="checkbox"/> Building Projects | <input type="checkbox"/> Woodworking     | <input type="checkbox"/> Cleaning/Organizing | <input type="checkbox"/> Session Leader |
| <input type="checkbox"/> Parents Time      | <input type="checkbox"/> Wherever Needed |  |   |

References

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship : \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship : \_\_\_\_\_

Please fill out this entire form and return it to one of the board members or mail to: Healing Hearts Horse Ranch, PO Box 48, Perham, MN 56573

If you have any questions, please call either Anita at 218-298-1864 or Melanie 218-298-1041

NOTES: