



Return forms to: Mountin' Hopes
P.O. Box 387
Mars Hill, NC 28754
(828) 689 2291
E-mail: volcoord@mountinhopes.org

2010 VOLUNTEER APPLICATION

NAME DATE OF BIRTH

MAIL ADDRESS CITY STATE ZIP

EMAIL ADDRESS HOME PHONE

EMPLOYER WORK PHONE

YOUR AVAILABILITY (HOURS&DAYS)

PARENT/GUARDIAN (IF MINOR) SCHOOL ATTENDING

PERMANENT ADDRESS (IF DIFFERENT FROM ABOVE)

HOW DID YOU LEARN ABOUT MOUNTIN' HOPES? FRIEND WEBSITE ADVERTISEMENT VOLUNTEER FAIR Other
PLEASE SPECIFY:

PLEASE CHECK AREAS OF INTEREST:

LESSON PROGRAM HORSE CARE/MANAGEMENT ADMINISTRATIVE FUNDRAISING/DEVELOPMENT

PLEASE LIST ALL OCCUPATIONAL AND HOBBY SKILLS:

PLEASE GIVE A BRIEF RESUMÉ OF YOUR HORSEMANSHIP EXPERIENCE:

PLEASE LIST ANY CONDITIONS IN THE FOLLOWING CATEGORIES THAT WOULD LIMIT YOUR ABILITY TO SAFELY VOLUNTEER AT MOUNTIN' HOPES:

Physical Emotional Psychological Developmental

I verify that all of the above information is accurate and will notify Mountin' Hopes staff if changes occur.

Signature

Date



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2010 Volunteer Application (page 2)

I agree to comply with all policies and procedures of Mountin' Hopes and take no actions that could jeopardize participants, myself, other volunteers or the horses.

Volunteer Signature

Date

Have you ever been convicted of any criminal activity? Yes [] No []

If Yes please explain:

Four horizontal lines for explaining criminal activity.

I verify that all of the above information is accurate and will notify Mountin' Hopes staff if changes occur.

Volunteer Signature

Date

For Office Use Only:

This volunteer has been certified for the following roles:

Notes:

Leader Date _____

Side Walker Date _____

Feeder Date _____

Exercise Rider Date _____