



LITTLE BITS

THERAPEUTIC RIDING ASSOCIATION

for persons with disabilities

Celebrating **47** Years

Volunteer Application

Please Print

NAME (First/Last):

ADDRESS (Street/City/Town/Postal Code):

TELEPHONE (Home/Work/Cell):

EMAIL:

AGE: LESS than 14 years 14 to 18 years OVER 18 years

Are you **BONDABLE**? YES NO (BONDABLE means you have NO criminal record)

Are you able to work with "people with vulnerabilities?" YES NO

Do you have any medical conditions that we should be aware of?

Contact person in case of an emergency (Relationship):

Telephone Number:

How did you hear about Little Bits as a place to volunteer?



Volunteer Application

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What made you choose Little Bits as a place to volunteer?

Please list any additional skills or interest that you would be willing to share with Little Bits:

Do you have any experience interacting with people with disabilities? YES NO

If YES, please describe (Above)

Do you have any experience with horses? YES NO

If YES, please describe (Above)



Volunteer Application

Please Print

Availability (WINTER)

SUNDAY	<input type="checkbox"/> 9:30-12:15	<input type="checkbox"/> 11:45-1:15	<input type="checkbox"/> 12:45-3:15
WEDNESDAY	<input type="checkbox"/> 3:30-6:15	<input type="checkbox"/> 5:45-7:15	<input type="checkbox"/> 6:45-9:15

Availability (SPRING & FALL)

SUNDAY	<input type="checkbox"/> 9:30-12:15	<input type="checkbox"/> 11:45-2:15	<input type="checkbox"/> 1:45-3:15	<input type="checkbox"/> 2:45-6:15
MONDAY	<input type="checkbox"/> 9:30-1:15	<input type="checkbox"/> 12:45-3:15		
TUESDAY AM	<input type="checkbox"/> 8:30-12:15	<input type="checkbox"/> 10:45-1:15		
TUESDAY PM	<input type="checkbox"/> 3:30-6:15	<input type="checkbox"/> 5:45-8:15	<input type="checkbox"/> 6:45-9:15	
WEDNESDAY	<input type="checkbox"/> 2:30-5:15	<input type="checkbox"/> 4:45-7:15	<input type="checkbox"/> 6:45-9:15	

Availability (SUMMER)

SUNDAY	<input type="checkbox"/> 9:30-1:15	<input type="checkbox"/> 11:45-3:15
MONDAY	<input type="checkbox"/> 9:30-1:15	<input type="checkbox"/> 11:45-3:15
SUNDAY	<input type="checkbox"/> 9:30-1:15	<input type="checkbox"/> 11:45-3:15
SUNDAY	<input type="checkbox"/> 9:30-1:15	<input type="checkbox"/> 11:45-3:15
SUNDAY	<input type="checkbox"/> 9:30-1:15	<input type="checkbox"/> 11:45-3:15

REFERENCES

Little Bits Therapeutic Riding Association requires that all new volunteers provide information for two references. These may come from teachers, employers, other agencies you volunteer with, coworkers, etc.

NAME:

RELATIONSHIP TO YOU:

EMAIL:

PHONE: