



# 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(s):

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



# Volunteer Application

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

## 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"/> 1:45-4:15	<input type="checkbox"/> 3:45-6:15
MONDAY	<input type="checkbox"/> 9:30-1:15	<input type="checkbox"/>		
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

## REFERENCE

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: