

**Good Hope Equestrian Training Center - Volunteer Application**

**Applicant's Name:** \_\_\_\_\_  
(Last) (First) (Middle)

**Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**Date of Application:** \_\_\_\_\_

**Personal References (Please do not list relatives within this section)**

**(1)**  
\_\_\_\_\_  
(Name of personal reference)

\_\_\_\_\_  
(In what capacity do you know this reference) (How many years have you known this reference)

\_\_\_\_\_  
(Daytime phone) (Evening phone)

**(2)**  
\_\_\_\_\_  
(Name of personal reference)

\_\_\_\_\_  
(In what capacity do you know this reference) (How many years have you known this reference)

\_\_\_\_\_  
(Daytime phone) (Evening phone)

1. Are you the age of fourteen years of age ? \_\_\_\_\_
  2. Have you ever been convicted of a crime, being either a misdemeanor or felony?  
Yes \_\_\_\_\_ No \_\_\_\_\_
  3. Have you have been arrested for any reason? Yes \_\_\_\_\_ No \_\_\_\_\_
- Please explain on the following lines: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Please place a check next to each function you can perform. If no, list the function(s) you are able to perform:
- Reading \_\_\_\_\_ (What Level; ie: high school, college)  
Math Computation \_\_\_\_\_ (What Level; ie: high school, college)  
Computer Literacy \_\_\_\_\_ (i.e: Do you know the parts of the computer? Do you know how to use the internet?)  
Lifting up to 50lbs. \_\_\_\_\_  
Bending \_\_\_\_\_  
Walking/Jogging \_\_\_\_\_  
Standing for long periods of time \_\_\_\_\_  
Squatting \_\_\_\_\_
-

Other functions not listed: \_\_\_\_\_  
\_\_\_\_\_

5. Please detail any horse experience and knowledge that you have obtained.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Please explain your employment and/or volunteer history in working with individuals with varying exceptionalities. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Do you have any of the following pre-existing medical conditions?  
(Please write yes or no)  
Corrective Lenses \_\_\_\_\_ Skin Corrective \_\_\_\_\_ Hernia \_\_\_\_\_  
Heart Trouble \_\_\_\_\_ Rheumatism or Arthritis \_\_\_\_\_ Back Trouble \_\_\_\_\_  
Diabetes \_\_\_\_\_ Kidney Trouble \_\_\_\_\_ Allergies \_\_\_\_\_  
Tuberculosis \_\_\_\_\_ Lung Disease \_\_\_\_\_ Defective Hearing \_\_\_\_\_  
High Blood Pressure \_\_\_\_\_ Epilepsy \_\_\_\_\_ Knee \_\_\_\_\_

Have you ever been injured?  
\_\_\_\_\_ yes \_\_\_\_\_ no  
Please describe in the box below.

Nature of Injury	Year	Cause of Injury
1.		
2.		
3.		

The facts set forth in my application for volunteering are true and complete. I understand that if accepted, any false statement on this application or other documents for volunteering may result in my dismissal. In addition, I agree to take a drug test at any given time by the discretion of the Good Hope Equestrian Training Center. I recognize that this is voluntary and will be held confidentiality. I warrant that the following information given here is true and accurate and authorize you to consult physicians, references and local police authorities.

\_\_\_\_\_  
(Volunteer Name - printed) (Volunteer Name - signature) (date)

\_\_\_\_\_  
(Parent signature is needed if under 18 years of age)