

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 or older ? _____
 - 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)