



Volunteer Questionnaire

Name _____ DATE _____

Please check *all* times that you would be available to volunteer.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
9:00AM						
10:00 AM						
11:00AM						
12:00 PM						
1:00PM						
2:00 PM						
3:00 PM						
4:00 PM						
5:00PM						
6:00PM						
7:00PM						

VOLUNTEER PROFILE:

- Have you ever participated with Miracles in Motion before: Yes ___ No ___
If yes, When? And why did you stop volunteering?

- Have you participated with another therapeutic riding program or have any other horseback riding experience: Yes ___ No ___ If yes where was the therapeutic riding program? _____
- If you have horse experience of any kind please explain:

- Do you have any experience working with handicapped children or adults? Yes___ No___
If yes, please explain:

- Anything else we should know about you?

