



SANTA YNEZ VALLEY
THERAPEUTIC RIDING PROGRAM

New Volunteer Application

Thank you for your interest in volunteering at SYVTRP! Please fill out the following application to the best of your ability. We ask that new volunteers commit to a minimum of 8 weeks of volunteering. As soon as we receive your application, a staff member will be in touch to schedule an orientation and training. Applications may be emailed or dropped off in the office. Thank you and we look forward to meeting you!

For questions, please contact Morgan: volunteer.syvtrp@gmail.com OR 805-350-2280.

Name: _____ Date: _____

Address: _____ City _____ Zip _____

Phone: (C) _____ (H) _____ (W) _____

E-mail Address: _____

Date of Birth: _____

Employer/School: _____ Occupation: _____

Parent/Legal Guardian Name and Address:

Name: _____ Phone: _____

Email: _____

How did you learn about our program? _____

Volunteer Interests (check all that apply):

- | | | |
|---|---|---|
| <input type="checkbox"/> Lessons (Mon-Fri ONLY) | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Facilities/Maintenance |
| <input type="checkbox"/> Barn Assistant | <input type="checkbox"/> Special Events | <input type="checkbox"/> Office/Administration |

Schedule Availability (check all that apply):

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Monday
Time: ___ to ___ | <input type="checkbox"/> Wednesday
Time: ___ to ___ | <input type="checkbox"/> Friday
Time: ___ to ___ | <input type="checkbox"/> Sunday
Time: ___ to ___ |
| <input type="checkbox"/> Tuesday
Time: ___ to ___ | <input type="checkbox"/> Thursday
Time: ___ to ___ | <input type="checkbox"/> Saturday
Time: ___ to ___ | |

Please list any special skills and talents, (such as sign language, photography, public speaking) that you would like to contribute to our program.

Are there any health restrictions that would inhibit your ability to volunteer at SYVTRP? Are there any emergency medications we need to be aware of (Epipen, insulin, etc.)? If yes, please explain:

Emergency Contact:

Name: _____ Phone: _____ Relationship: _____

Volunteer (or Parent/Guardian) Signature: _____ Date: _____