



Lee-Mar Ranch Equine Center
and MN Valley Riding Academy
Healing *Hearts* with *Hands & Hooves*

Volunteer Questionnaire

Today's Date: _____

Name: _____ DOB (Optional if over 18): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell or Work Phone: _____

E-mail Address: _____

What is the best time and way to get a hold of you? _____

Do you have any prior experience working with horses? Please briefly explain.

Do you have any previous experience working with individuals with mental, physical, or emotional disabilities? Please briefly explain.

What are your interests, hobbies, and professional skills? We are always finding new ways to make your volunteering experience optimally rewarding for you and optimally useful to us.

Is there a particular job you would like to do? _____

Are there any jobs you do not wish to do? _____

How did you find out about our organization? _____

Do you have any additional comments or questions? _____

Please indicate what aspect of volunteering you are most interested in and how often/how much time can you contribute.

Do you have a friend you would like us to mail out information? _____