



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

Volunteer Questionnaire

Today's Date: _____

Name: _____ DOB: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Preferred way to contact you (please circle): **E-mail** **Text** **Call** Preferred Time: _____

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 job(s) would you be interested in (please circle)? **Side Walker** **Leader** **Labor** **Other**

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

What days are you available (please circle)? **SUN** **MON** **TUES** **WED** **THUR** **FRI** **SAT**

What time of the year are you available (please circle)? **FALL** **WINTER** **SPRING** **SUMMER**

What time of the day are you available (please circle)? **MORNING** **AFTERNOON** **EVENING**

How did you find out about our organization? _____

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 for us.

Do you have any additional comments/questions? _____