



Volunteer Application

To be completed by the adult volunteer or volunteer's parent/guardian(s) and returned to:
ROSES; PO Box 156; Glen Arm, MD 21057

General Information:

Volunteer's Name: _____ Date of Birth: _____

Age: _____ Height: _____ Weight: _____ Gender: Male Female
(Age/Height/Weight/Gender is important for helping us make horse/client/volunteer team assignments)

Street Address: _____ City/State/Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____ Text Messages: Yes No

Preferred Method of Contact: Home Phone Work Phone Cell Phone Email

I hereby agree to allow the Rose Of Sharon Equestrian School to perform a background check using my personal information: Yes No

If student, name of school: _____
(ROSES is an approved Student Service Learning Site for Baltimore County)

If student, would you like to fulfill SSL hours at **ROSES**? Yes No

If student, please provide **one reference**:

Name: _____ Phone: _____ Email: _____

How many hours do you need? _____

If under age 21 or dependent adult, Parent/Guardian(s) Name: _____

Home Phone: _____ Cell Phone: _____

Do you have your own transportation? Yes No Are you First Aid, AED or CPR Certified? Yes No

Health Considerations:

Volunteers working directly with clients and horses must be able to walk at least 60 minutes and may be asked to jog for brief periods of time. Please describe any conditions that may prevent you from meeting these requirements.

Please describe your current health status, particularly regarding the physical/emotional demands of working in an equine assisted program for students with special needs.

Allergies/Medications: _____

Recent Surgeries/Hospitalizations/Injuries: _____

Horse Experience:

Are you comfortable around horses? Yes No Somewhat I'm not sure

Do you now or have you ever owned horses? Yes No If yes, how long? _____

Have you ever worked with horses? Yes No In what capacity? _____

Have you had formal lessons or training in working with horses? Yes No

If yes, please list the type and amount of training you have had: _____

Other Experience:

Are you comfortable around people with disabilities? Yes No I'm not sure

Have you ever worked with people with disabilities? Yes No In what capacity? _____

Please describe any special skills, training, or talents that you feel might be helpful to us: _____

Please tell us why you would like to volunteer for Rose of Sharon: _____

How did you hear about Rose of Sharon? _____

Please Check Areas of Interest:

Program Administration

- Office Work/Computer Skills
- Fundraising
- Newsletter
- Marketing
- Photography/Video
- Grant Writing
- Planning/Organizing
- Secretary/Receptionist
- Work Special Events

Facilities/Horses

- Grooming
- Tacking
- Feeding
- Training/Exercising
- Facilities Maintenance
- Barn Chores
- Grounds Maintenance
- Cleaning Tack

Lessons/Students

- Set Up/Clean Up
- Assisting Students
- Side walking w/ students
- Leading a Horse
- Helmet Fitting

Please check the days and times you are available - Volunteers will need to plan to donate at least 2 consecutive hours of service per week in order to meet ROSES' scheduling requirements.

I am interested in volunteering 1 2 3 4 5 6 7 days per week.

How many hours would you like to volunteer per week? _____

Available: Days Evenings Weekends

Hours of Operation: 7:00am – 7:00 pm

Day/Times	Monday	Tuesday	Wednesday	Thursday	Friday
7am-9am					
9am-11am					
11am-2pm					
2pm-4pm					
4pm-6 or 7pm					

Day/Times	Saturday	Sunday
7am-9am		
11am-2pm		
4pm-6pm		

I am interested in substituting on the following days/times in the capacities described:

*If you have any questions about this form, please contact Melinda Colonna at vcroses@iximd.com
Application Received ___/___/_____*