

Therapeutic Riding Inc. Volunteer Sign-Up – 2012 Form #1

Winter Session Spring/Summer Session Fall One Session Fall Two Session

****You may use this form to sign up for multiple sessions. Circle all desired sessions ****

____ New address, email or phone number(s)
____ New Volunteer ____ Returning Volunteer

Name _____ Birthdate: _____

Address _____ City _____ State _____ Zip _____

Phone #'s: Home: _____ Work: _____ Cell: _____

Email _____ Height – so we can assign you to an appropriate horse _____

I am willing to be a substitute for: evenings _____ days _____ Not available to substitute _____

Employer/Occupation: _____

Skills or Hobbies you would like to share with TRI: _____

Areas of interest (Check all that apply; some positions require additional training and/or Head Instructor's approval.)

____ Sidewalker ____ Horse Leader ____ Class Coordinator ____ Tack Coordinator ____ Tack Assistant

Times available to volunteer. Please *rank* the times you are available and indicate how many times per week you are available.

I want to be a substitute only for this session _____

Number of times per week you are available to volunteer _____

Dates not available _____

Please note: Class times are tentative only; changes may be made based on rider availability and need.

Monday		6-9pm _____	avail 5-6pm? Yes _____ No _____
Tuesday	9am-noon _____	6-9pm _____	avail 5-6pm? Yes _____ No _____
Wednesday		6-9pm _____	avail 5-6pm? Yes _____ No _____
Thursday	1:30-3:30pm** _____	6-9pm _____	avail 5-6pm? Yes _____ No _____
Friday	3-5pm	6-9pm _____	avail 5-6pm? Yes _____ No _____
Sat	9am-1pm _____		

** Offered Spring/Summer session only

Return these forms to Therapeutic Riding, Inc. at:
3425 East Morgan Road, Ann Arbor, MI 48108

Or by email to therapeuticriding@earthlink.net – AVAILABILITY ONLY VIA EMAIL