



WISH UPON A HORSE
THERAPEUTIC RIDING CENTER
190 Greenwood Drive, Hilton Head Island, SC 29928
843.671.2586 tel • 843.671.2582 fax
www.wishuponahorsehhi.org

Volunteer Application

(please print)

Today's Date: ____/____/____

Name: _____
(First) (Middle Initial) (Last)

Street: _____ City _____ Zip _____

Daytime Telephone: (____) _____ - _____ Evening Telephone: (____) _____ - _____

Date of Birth: ____/____/____ Height: _____ Cell Telephone: (____) _____ - _____

E-Mail Address: _____

Employer/School: _____

Employer/School Address: _____

Position: _____ Telephone: (____) _____ - _____

Emergency Contact: _____

Relationship: _____ Telephone: (____) _____ - _____

Reference (non-relative only) _____ Telephone: (____) _____ - _____

Have you ever been convicted of a crime? Yes _____ No _____

Do you consent to a background check? _____

If Yes, please describe: _____

Parent of Guardian (where applicable)

Name: _____
(First) (Middle Initial) (Last)

Street: _____ City _____ Zip _____

Daytime Telephone: (____) _____ - _____ Evening Telephone: (____) _____ - _____

Email Address: _____ Cell Telephone: (____) _____ - _____

Employer/School: _____

Employer/School Address: _____

Prior experience is not required; however, it is valuable for us to know what skills you bring

Do you have any previous horse experience: Yes _____ No _____

If yes, please describe (include grooming/tacking experience, length of time, skills, etc.):

Do you have any experience with individuals with challenge? Yes _____ No _____

If yes, please describe: _____

Do you have other skills that you would like us to know about (*i.e.*, sign language)?

Do you have other volunteer experience, either in the past, or currently? Yes _____ No _____

If yes, please share more information (what organization, your role, length of time):

Some volunteer positions, including that of sidewalker, have certain physical requirements. We have positions for all volunteers and welcome every kind of helper.

Other Pertinent Information

Able to lift 25 lb 55 lbs Able to walk with arms above head for 20 minutes
 Able to jog for short periods Any physical limitations _____

What type of volunteer work are you most interested in?

Sidewalker (assisting in the ring) Ground Lessons Office Work Barn Work

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the investigation of all statements contained within this volunteer application for Wish Upon a Horse, Inc. I understand and agree that false and mislead information given in my application may result in the immediate discharge from volunteer services at Wish Upon a Horse, Inc.

Signature _____
(in case of minor, signature of parent or legal guardian)

Today's Date: ____/____/____