



VOLUNTEER APPLICATION

Please note: all volunteers must be at least 16 years of age. Thank you!

DATE OF APPLICATION: _____ DATE OF BIRTH _____

NAME: _____

ADDRESS: _____

EMAIL ADDRESS: _____

PHONE: _____

HOURS PER MONTH YOU ARE ABLE TO VOLUNTEER: _____

AREAS OF INTEREST (please check all that apply):

Grooming Barn Maintenance Walking Handling Fundraising

Administrative Photography Writing Social Media

Other: _____

Do you have any volunteer experience? If yes, please list organizations and duties performed:

Do you have any experience with horses? If yes, please list experience:

Do you have any pertinent job experience? If yes, please list experience:

Why do you want to volunteer with MTH?

Reference #1 Name and Phone: _____

Reference #2 Name and Phone: _____

Thank you for your interest in Mini Therapy Horses!
Please email completed form to victoria@minitherapyhorses.com