



VOLUNTEER APPLICATION

GENERAL INFO

Print Name _____ DOB ____/____/____

Address _____ City _____ State _____ Zip _____

Home (____) _____ - _____ Cell (____) _____ - _____ Fax(____) _____ - _____

Email _____ Add me to CORRAL's email list

If student, name of school _____ If college student, major? _____

Parent/Guardian Name _____ Phone (____) _____ - _____

Self/Parent/Guardian Workplace _____

How did you hear about us? _____

- I am interested in working with:
- The Girls (Tutoring, Mentoring, Transportation, Snacks/Lunches, etc.)
 - The Horses (Feeding, Medical Care, Training, Riding Instruction, etc)
 - The Business of CORRAL (Committees, Board Member, Grant Writing, Fundraising, etc.)

Are you certified in: CPR? YES NO exp. date of certification ____/____/____

First Aid? YES NO exp. date of certification ____/____/____

Have you been charged with a felony or misdemeanor? YES NO

Have you ever been charged with child abuse or sexual abuse? YES NO

Do you have any medical limitations, physical disabilities or allergies? YES NO

If yes, please explain: _____

Do you have any experience with horses? YES NO

If yes, please explain: _____

Do you have any experience teaching English riding? YES NO

If yes, please explain: _____

Do you have any Natural Horsemanship experience? YES NO

If yes, please explain: _____

Do you have any experience with at-risk/in crisis girls? YES NO

If yes, please explain: _____

Please describe your professional experience, expertise and other skills you could bring to CORRAL: _____
