



Return form to:
Diane Abitz, Program Director
 3501 Swan Ave.
 Wausau, WI 54401
 (715) 359-6046

Volunteer Application

Name _____ Date _____
 Street Address _____ City _____
 Zip _____ Parent/Guardian (if under age 18) _____
 Birthdate _____ Home # _____ Work or Cell# _____
 Occupation _____ Place of Business/School _____
 Best time to contact you is _____ E-mail address _____
 Do you have any medical conditions of which we need to be aware? _____
 If so, please explain _____

Height _____ Can you walk for 45 minutes and jog for short distances? _____

Experience With Horses/Skills



Are you comfortable working with or walking around horses? _____
 Have you had experience with horses? (*not* necessary to participate- we have a training program) _____

Do you have any special skills or training that may be of benefit to our program? _____

Please check off any areas that may be of interest to you:

- | | | | |
|-------------------------|--------------------------|--|--------------------------|
| Sidewalker/Horse Leader | <input type="checkbox"/> | Hospitality Staff (guest courtesy, refreshments) | <input type="checkbox"/> |
| Fund Raising | <input type="checkbox"/> | Special Projects (awards, games, crafts) | <input type="checkbox"/> |
| Maintenance of Facility | <input type="checkbox"/> | Photography | <input type="checkbox"/> |
| Public Relations | <input type="checkbox"/> | Sales of Program Merchandise (Shirts/hats) | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | | |

Medical Release

Medical Insurance Plan _____

In case of medical emergency, the undersigned authorizes Stable Hands, Inc. to provide such medical assistance as they determine to be necessary. The undersigned also agrees to release Stable Hands, Inc., its Board of Directors, Instructors, and other volunteers from any and all claims arising from participation in this program.

Volunteer Signature _____

Parent/Guardian (if under age 18) _____

Office Use: Video Training _____ Volunteer Shadowing _____ Practice _____

Training Completed: Date _____