

Please initial and date each time you update this form _____

MIRACLES IN MOTION VOLUNTEER QUESTIONNAIRE

Name: _____

Address: _____

City: _____ State: _____ Zip _____

County: _____ Email: (Include only if you routinely check it.) _____

Home phone: _____ Cell phone: _____

Employer: _____

May we call you at work? _____ Work phone: _____ Ext: _____

Occasionally, we solicit area businesses to recruit new volunteers. If we solicit your place of employment, may we name you as a Miracles volunteer? Y N If yes, can you provide us the name and address of the Human Resources contact person? _____

Date of birth: _____ Height: _____

How did you find out about this training/Miracles in Motion? _____

Miracles needs volunteers in many areas. Please check your area(s) of interest:

IN-CLASS OPPORTUNITIES:

- () SIDEWALKER- walks next to and assists rider (training required & provided)
- () HORSE COMMITTEE- leads horse in class (training required & provided)

YEAR AROUND OPPORTUNITIES AND COMMITTEES:

____ Horse Care Committee: cares for horses
grooms, helps with farrier and vet visits (training
provided & required)

____ Publicity: newsletter & public promotion
____ Publicity: speaker's bureau (present to local groups)

____ Property Committee: construction & upkeep
(carpentry, mowing, gardening)

____ Program Events:
____ Horse Show ____ Instructor Workshop

____ Volunteer Committee: recruitment, trainings &
recognition.

____ Fund Raising Events:
____ Golf Outing ____ 5K Challenge

____ Office Help: Data entry, phone calls, filing

____ Instructor Committee: for instructors, instructors-
in-training & any volunteer wanting to learn more
about becoming an instructor.

____ Strategic planning: annual & long range planning

Please list any training/education you have outside of Miracles, which deals with horses or persons with disabilities: _____

~ A ~ Please list your preferred days and times to volunteer (you are not committing to these times.)

Day _____ Time

1st choice _____

2nd choice _____

3rd choice _____

~ B ~ Circle all days you could be available to volunteer (We will use this information when calling substitutes.):

Morning Mon Tues Wed Thurs Fri Sat

Afternoon Mon Tues Wed Thurs Fri Sat

Evening Mon Tues Wed Thurs Fri Sat

How many hours per week would you prefer to help? _____

How long would you like your initial commitment to be with us?

___ 5 week session ___ six months ___ one year ___ other: _____

Are you willing to sign a release form to conduct a criminal check? Yes No

We publish a directory that is available to our volunteers.

May we list you in our directory? Yes No

Please list any medical condition that may impact your ability to volunteer: _____

Signature and Date _____