

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:

- |   |  |
|---|--|
| <input type="checkbox"/> Horse Committee: cares for horses<br>grooms, tacks, leads during class<br>(training provided & required) | <input type="checkbox"/> Fundraising<br>(includes Golf Outing & 5K)                |
| <input type="checkbox"/> Publicity: newsletter & public promotion   | <input type="checkbox"/> Administrative: clerical<br>(computer literacy a plus)    |
| <input type="checkbox"/> Property Maintenance: construction &<br>upkeep (carpentry, mowing, gardening etc)                        | <input type="checkbox"/> Auxiliary: support from<br>parents, guardians, caretakers |
| <input type="checkbox"/> Volunteer: organizational & phoning  | <input type="checkbox"/> Strategic planning: annual &<br>long range planning       |

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

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**Please list your preferred days and times to volunteer (You are not committing to these times.)**

Day \_\_\_\_\_ Time

1<sup>st</sup> choice \_\_\_\_\_

2<sup>nd</sup> choice \_\_\_\_\_

3<sup>rd</sup> choice \_\_\_\_\_

**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

Evening                      Mon    Tues    Wed    Thurs    Fri

**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: \_\_\_\_\_

**We publish a directory that is available to our volunteers.**

May we list you in our directory?                      Yes    No

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

**Please list any medical condition that may impact your ability to volunteer:** \_\_\_\_\_

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**Signature and Date** \_\_\_\_\_