



Bonita Equestrian Therapy for the Handicapped, Inc.
d.b.a. Winners Circle Equestrian Therapy
Volunteer Application

Application must be filled in completely or it will not be processed. If a box does not pertain to you, indicate N/A in that space. Winners Circle practices equal opportunity in accepting volunteers. Our policy is to select the most qualified candidates without regard to race, religion, color, sex, age, and marital or military status, history of disability or national origin. A waiting list for qualified volunteers may/or may not be in affect at this time.

GENERAL:

Date _____

Last Name First Name Middle Initial

Home Address City State Zip

Home Phone# Work Phone# Cell Phone# Contact Phone#

Parent/Guardian Name (if under 18) Address Phone Number#

Have you ever been convicted of a crime or offense other than for minor traffic violations? ()Yes ()No
If yes, state the nature of the crime(s), when and where convicted and the disposition of the case.

Conviction of a crime is not an automatic disqualification for volunteering. All factors will be considered. However, applicants convicted of a crime against children or animals will not be accepted.

Have you ever volunteered for Winners Circle, BETH, or any other therapeutic riding program? ()Yes ()No

If yes, please list where, when, and why you left. _____

How did you hear about Winners Circle? _____

Person to contact in case of emergency: _____relationship _____

Phone Numbers: _____

EXPERIENCE:

Check the areas in which you have experience.

Animals:

- Horses
- Other large animals
- Small animals
- Showing
- Grooming

Horsemanship:

- Western
- English
- # Years of instruction____
- Instructor
- Competition
- Lunging
- Groundwork

Community:

- Volunteer work
- Work with children
- Work with adults
- Work with those
With disabilities
- Non-profit organizations

Clerical/Administration:

- Filing
- Answering phones/
Taking messages

Computers:

- Web Publishing
- Microsoft Excel
- Microsoft Word

Management:

- Supervisor/Manager
- Hired/Dismissed
Personnel
- Employee Training
- Project Coordination
- # people supervised __

Marketing / Fundraising:

- Grant writing
- Sales
- Marketing/Advertising

Education:

- Classroom instruction
- Taught children
Age/Subject:_____
- Taught adults
Subject:_____

Please write any details or additional comments about your experience:

PERSONAL:

Tell us why you want to volunteer at Winners Circle. (Besides a love for animals and children.)

Are you volunteering for community service hours required for school/club/sports? ()Yes () No

For what organization? _____

Hours needed _____ Deadline _____

Areas of interest: (check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Assisting students during lessons | <input type="checkbox"/> Help prepare for Special events | <input type="checkbox"/> Fund Raising |
| <input type="checkbox"/> Leading a horse during a lesson | <input type="checkbox"/> Special events (Day of) | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Preparing horses for lessons | | <input type="checkbox"/> Office Assistant |
| | | <input type="checkbox"/> Volunteer Management |

SCHEDULE:

Please list all hours that you are available on a weekly basis for a minimum of 6 months.
 Fill in *specific times*. **Do not write flexible.**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

ADDITIONAL INFORMATION:

Many of the volunteer activities at Winners Circle require handling animals, serving the public, working outdoors, and lifting up to 50 pounds. Are you physically able to perform the essential functions of the position for which you are applying ? ()Yes () No
 If the answer is no, describe the functions that cannot be performed and if there are any reasonable accommodations that would enable you to perform them.

I AGREE AND UNDERSTAND THAT ALL STATEMENTS AND INFORMATION ON MY APPLICATION ARE CORRECT AND NO ATTEMPT HAS BEEN MADE TO CONCEAL OR WITHHOLD PERTINENT INFORMATION. I AGREE THAT ANY OMISSION, FALSIFICATION, OR MISREPRESENTATION IS CAUSE FOR IMMEDIATE TERMINATION AT ANY TIME DURING MY VOLUNTEER ASSIGNMENT.

I HEARBY AUTHORIZE INVESTIGATION OF ALL STATEMENTS AT THIS TIME WITH NO LIABILITY ARISING THEREFROM.

I WILL ABIDE BY RULES, REGULATIONS AND POLICIES OF WINNERS CIRCLE.

DATE: _____ SIGNATURE _____

DATE: _____ SIGNATURE _____
 (Parent/Guardian if applicant is under 18)