

Lichen Oaks Adaptive Riding Center
Volunteer Information Form

Please type or print clearly

Name: _____ Phone: _____

Email: _____

Address: _____

Shirt Size: _____ Today's Date: _____

Brief summary of your horse experience: _____

Brief summary of your experience with people with disabilities: _____

I am willing to help in the following areas: *(check as many as you'd like)*

- | | |
|--------------------------------------|-----------------------------------|
| _____ Horse Handler for Lessons | _____ Side Walker for Lessons |
| _____ Special Events at Lichen Oaks | _____ Weekend Feeding/Cleaning |
| _____ Equine Facilitated Learning | _____ Fundraising / Grant Writing |
| _____ Administrative / Office Tasks | _____ Publicity / Social Media |
| _____ Equine Care | _____ Volunteer Trainings |
| _____ Tack Acquisition / Maintenance | _____ Facility Upkeep |
| _____ Other (please specify) _____ | |