

## Volunteer Registration Form

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First and Last Name		Date		
Address	City		State	Zip
Email	-	Phone Nu	mber	
Emergency Contact Name		Phone Nu	mber	
Please let us know of physical limitations you may have:				
Do you have any additional skills that my benefit our program	n?			
Are you able to hold your arm at shoulder height and suppor	t modest	weight?	Yes	No
Are you comfortable around special needs children and adults?			Yes	No
Are you able to walk briskly for 30 minutes in sandy arena footing?			Yes	No
Are you able to jog for a short distance next to a horse?			Yes	No
Volunteer Availability: (check all that apply)				
🗌 Sunday 🔲 Monday 🔲 Tuesday 🔲 Wed	Inesday 🗌	Thursday	🗌 Friday	Saturday
For questions or more infor <u>rpark@northflo</u> (904) 724 – 83	ridaschoo	ol.org	Park	NorthFloridaSchool Of Special Education Enhonce. Empower. Enlighten.