



VOLUNTEER REGISTRATION & QUESTIONNAIRE

PERSONAL INFORMATION

Dates of Event Volunteering For: _____ Location: _____
Legal Name: _____ DOB: _____
Preferred Name: _____ Email: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Home Phone #: _____ Cell Phone #: _____
Emergency Contact: _____ Phone #: _____
Relationship: _____

MILITARY SERVICE INFORMATION

Branch of Service: _____ Rank: _____
Military Occupation: _____ Years of Service: _____ to _____

BUSINESS INFORMATION

Employer's Name: _____
Position: _____
Employer's Address: _____
City: _____ State: _____ Zip: _____
Employer Phone #: _____
May we contact your employer regarding becoming a business sponsor? Yes _____ No _____

How did you hear about Operation Horses and Heroes?



HORSES AND HEROES

VOLUNTEER QUESTIONNAIRE

Volunteer Name: _____ Date: _____

1) What led you to volunteer for Operation Horses and Heroes? (Check all that apply)

- Friend/Family
- Internet Site
- Veteran Service Org (VFW, Am Vet)
- Love of Horses
- FaceBook
- Personal Choice

Other (explain): _____

2) What is your experience with horses? (Check all that apply)

- None
- Beginner
- Medium
- Expert
- Fear

Explain: _____

3) What skill set do you prefer to volunteer your services for? (Check all that apply)

- Food/Beverages
- Transportation
- Set Up
- Horse Assistance
- Registration
- Tear Down/Clean Up
- Medical Assistance
- Daycare
- Fund Raising

Other (explain): _____

4) What is your availability?

Date(s): _____ Time(s): _____ Date(s): _____ Time(s): _____

Date(s): _____ Time(s): _____ Date(s): _____ Time(s): _____

5) Can you help us reach out to potential volunteers, donors, or sponsors either through you or an introduction. Please list possible candidates you feel could help strengthen Operation Horses and Heroes.

6) Please list any medical conditions, food or other allergies that we should be aware of
