



Calvin Center
Equestrian Programs
13550 Woolsey Road
Hampton, GA 30228

Toll free 1-888-656-6254
www.nlom.org

Volunteer Application Form

Full Name _____ Name you go by _____
Last First Middle

Address _____

City _____ State _____ Zip _____

E-mail _____ Birthday _____

Home phone _____ Cell phone _____

Employer _____ Work phone _____

What is the best way to contact you? (circle one) home phone cell phone work phone e-mail

Age (check one) under 14 14-18 19-21 21-25 26-62 over 62 Height _____

We may contact businesses to recruit new volunteers. If we contact your place of employment, may we name you as a Calvin Center volunteer? ___yes ___no

Employer Human Resources Contact _____

Can you walk for 60 minutes and jog 100 yards? ___yes ___no

Can you hold your arm above shoulder height and support 10 pounds? ___yes ___no

Specialty Certifications (PT, OT, EMT, RN, CPR etc.) _____

List your experience with people with disabilities: _____

List your experience with horses and ponies: _____

List your experience with therapeutic riding and hippotherapy. Please include other centers you have volunteered with.

How did you hear about Calvin Center? _____

List days of the week and times you are available to volunteer. Note: you are not committing at this time. Calvin Center staff will contact you to determine your volunteer schedule.

Day _____ Available from _____ until _____

Day _____ Available from _____ until _____

Day _____ Available from _____ until _____

Can we list you on our substitute list? (Your phone number and e-mail is put on a list for others to contact you if they are unavailable to attend a lesson they volunteered for.) ___Yes ___No

If yes, day time phone number _____ evening phone number _____ e-mail _____

Please check which areas you are interested in volunteering in:

- | | | |
|---|---|--|
| <input type="checkbox"/> Horse leading | <input type="checkbox"/> Horse training | <input type="checkbox"/> Rider recruitment |
| <input type="checkbox"/> Sidewalking | <input type="checkbox"/> Horse care/feeding | <input type="checkbox"/> Volunteer recruitment |
| <input type="checkbox"/> Hospitality during lessons | <input type="checkbox"/> Grooming/tacking | <input type="checkbox"/> Photography/video |
| <input type="checkbox"/> Arena assistant | <input type="checkbox"/> Stable maintenance | <input type="checkbox"/> Facility repairs |

What do you want to learn from your volunteer experience? _____

Why are you applying for this volunteer position? _____

Calvin Center’s therapeutic riding program is a Christian, faith-based program. Describe your comfort level with leading prayers and talking about faith with riders. _____

Confidentiality Agreement

I understand that all information (written and verbal) about participants at all Calvin Center Therapeutic Riding Programs is confidential and will not be shared with anyone without the express written consent of the participant, their parent/legal guardian of a minor participant, and an authorized employee of Calvin Center. I further understand that all participant records, including but not limited to name, address and phone number are considered the property of Calvin Center and cannot be used outside of Calvin Center in any way by the volunteer.

Signature _____ Date _____
Signature of parent/guardian if under 18 _____ Date _____

Background Information Release

I, _____ authorize Calvin Center/Presbytery of Greater Atlanta to receive information from any law enforcement agency of this state or any other state or federal government, to the extent permitted by state and federal law, pertaining to any convictions I may have had for violations of state and federal criminal laws, including but not limited to convictions for crimes committed upon children or animals. I understand that such access is for the purpose of considering my application as a volunteer. I DO NOT authorize Calvin Center/Presbytery of Greater Atlanta to disseminate the information in any way to any other individual, group, agency, organization or corporation.

Volunteer’s Social Security Number _____

Have you ever been convicted of a crime? If yes, please explain _____

Signature _____ Date _____
Signature of parent/guardian if under 18 _____ Date _____

Volunteer application

I, _____ understand that the information provided above and in attached documents is accurate to the best of my knowledge. I know of no reason why I should not participate in this center’s program.

Signature _____ Date _____
Signature of parent/guardian if under 18 _____ Date _____

Please submit to: Equestrian Program Director
Calvin Center
13550 Woolsey Road
Hampton, GA 30228

Once your application and reference is received, we will review it and get back to you regarding scheduling of training and the volunteer position. Thank you for your interest in Calvin Center Equestrian Programs.