

Whispers of Hope Horse Farm

Enriching the lives of mentally and physically
challenged individuals through equine therapy

3549 Parkhill Road
Wichita Falls, TX 76310
940-696-8044
whispersofhopehf.org

Volunteer Registration Form

Today's Date:

Personal Information

Name: _____ D.O.B _____
Address _____ Home Ph: _____
City: _____ State: _____ Zip: _____
Parent/guardian/caregiver: _____ Cell Ph: _____
May we contact you at work? _____ Work Ph: _____
Occupation: _____
Employer/School: _____
Do you have any physical limitations? Describe: _____

General Information

How did you hear about Whispers of Hope Horse Farm?

Why are you interested in volunteering with Whispers of Hope Horse Farm?

Have you volunteered with Whispers of Hope Horse Farm before?

Describe your experience with horses:

Whispers of Hope Horse Farm Handlers must know how to groom, tack, lead horses and have knowledge of horse temperament. Do you qualify as a Horse Handler or Leader?

Interest Areas

Sidewalker	Feeding horses	Strategic Planning
Special Olympic Events	Stable care	Special events
Coordinating Volunteers	Equipment Care	Public speaking/relations
Preparing posters/signs	Hay hauling	Committee Participation
Office Administration	Ranch Maintenance	Marketing/advertising

Skills Areas

Horse leader/trainer	Computer projects	Fund raising
Training horses	Fence work	Board recruitment
Welding	Carpentry	Facility Improvements
Plumbing	Electrical work	

Please list any other information about yourself which you feel could be useful to the program.

Confidentiality Policy

WOHHF shall preserve the right to confidentiality for all individuals in its program. No one associated with WOHHF will reveal and medical, social, referral, personal, and/or financial information regarding any client or other person associated with WOHHF to anyone unless required by court order. This policy applies to clients, staff, contractors, temporary employees, volunteers, and board members. Failure to comply can result in reprimand, loss of certain job responsibilities, or termination.

I understand and will observe the confidentiality policy of Whispers of Hope Horse Farm.

Signed _____

Date _____