



Dear Volunteer Applicant,

Thank you for your interest in volunteering at Camelot! Some of our volunteer positions require some basic horsemanship experience while others do not.

Please fill out the following application and return it to me so that I may contact you for a volunteer interview and determine where we can best utilize your skills and talents. If you have any additional questions, feel free to call me at (480) 515-1543 or email me at hannah@camelotaz.org.

Thanks again for your interest in Camelot!

Happy Trails,

Hannah Brisso

Hannah Brisso
Barn Manager & Volunteer Coordinator

Camelot... a place where heroes are born!

CAMELOT THERAPEUTIC HORSEMANSHIP

23623 North Scottsdale Road, D3-259, Scottsdale, AZ 85255
480.515.1543 p • 480.515.1542 f • hannah@camelotAZ.org • CamelotAZ.org

**CAMELOT
VOLUNTEER APPLICATION**

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ Cell Phone (____) _____

Email Address _____

How did you become aware of Camelot? _____

Why are you interested in volunteering at Camelot? _____

What time commitment can you give Camelot (once a week, once a month, special projects only, etc.)? _____

Previous Volunteer Experience _____

Present or Previous Jobs (Attach resume if available) _____

Previous Horse Experience _____

Education or Training _____

Skills and/or Hobbies _____

Listed below are some of the responsibilities and activities carried out by Camelot Volunteers. The asterisk denotes where experience is required. Please indicate activities where you can lend assistance.

- | | |
|--|--|
| <input type="checkbox"/> Horse exerciser* | <input type="checkbox"/> Equipment maintenance/minor repairs |
| <input type="checkbox"/> Horse groom* | <input type="checkbox"/> Special event helper |
| <input type="checkbox"/> Horse leader / sidewalker * | <input type="checkbox"/> Crafts, decorations |
| <input type="checkbox"/> Instructor's assistant* | <input type="checkbox"/> Bulk mailings |
| <input type="checkbox"/> Stall cleaning & maintenance | <input type="checkbox"/> Office support |
| <input type="checkbox"/> Sweeping barn & walkways | <input type="checkbox"/> Fund raising activities |
| <input type="checkbox"/> Watering plants & shrubs | <input type="checkbox"/> Indoor cleaning |
| <input type="checkbox"/> Minor weeding & tree trimming | |

Please list any physical condition or medications we should be aware of:

Emergency Contact: Name _____

Home Phone (____) _____ Business Phone (____) _____

Please supply three references. If possible, please include at least one current or past employer.

1) Name _____ Phone(____) _____

Address _____

2) Name _____ Phone(____) _____

Address _____

3) Name _____ Phone(____) _____

Address _____

Signature _____ Date _____

Thank you for your interest in volunteering at Camelot!