

Majoda Stables

620 Garwood Rd., Moorestown, NJ / 856-231-7552

Volunteer information

Thank you for your interest in volunteering with us! We certainly need your help and we would love to know more about you so that we can best use your skills.

Name _____ Phone Number _____
Address _____ Cell Phone _____
_____ Birth Date _____

What interests you most in being a volunteer with us?

Please briefly describe any experience you have with horses.

Please briefly describe any experience you have in working with people therapeutically.

When are you available to volunteer? (please check and circle all that apply)

___ Days (M,T,W,Th, F) ___ Evenings (M,T,W,Th,F) ___ Weekends (Sat.)
___ Special events

How many hours per week do you wish to commit to volunteering with us? _____

Would you be interested in pursuing additional training in the area of this work at some time? _____

We wish to use people in their best capacity. What other skills do you have that you feel would be helpful in our work? (List anything you can think of)

Please be aware that doing this work can sometimes involve very physical work as well as exposure to the elements (heat, cold). Do you have any physical or medical limitations which would need to be taken into consideration?

Our riders often need help getting in the saddle. Can you lift?

___ 50-100 pounds ___ 100-150 pounds

If under 18; Guardian's permission to volunteer is required.

I, _____ Legal Guardian of _____ grant my permission for _____ to volunteer for Majoda Stables, Inc.

Emergency Contact Information

Name/ Relationship _____

Phone Number _____

Name/ Relationship _____

Phone Number _____

