CHALLENGE NEW MEXICO THERAPEUTIC HORSEBACK RIDING PROGRAM

VOLUNTEER APPLICATION

Name:					
Address:					
City:		State:		Zip:	
Phone (Primary):		Phone (Seco	ondary):		
Email Address:					
Would you like	to receive text message	e or email upda	ates?		
Height:	Weight:		Age: _		
Occupation:			_		
knowledge and disabilit	of yourself to the Challe y awareness is not requ learn how we work with	ired in order to	volunteer. No r	natter you	r skills level, we asl
Please provide as muc	h information as possi	ible.			
What, if any, horsebac	k riding experience do	you have?			
Describe any experiend	ce or training you have	had in working	g with children	or adults	with disabilities.
Why do you want to vo	olunteer at Challenge N	New Mexico?			

Lesson times are from 9am – 4pm (with a lunch break from 12-1pm) on Tuesday through Saturday. Lesson days and times vary seasonally and according to need, so please check in with CNM staff if you have any scheduling questions.

What day(s) and time(s) are you available to volunteer?