



## *HOPE Therapeutic Riding Center*

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### **VOLUNTEER PRE-TRAINING QUESTIONNAIRE**

Prior to your volunteer training, we would like you to answer the questions below. Parents of riders in our programs will often ask us questions about someone with whom their child will be working with. We will only release information to a parent with your express permission. The information you provide will also help us make a better match for you with the student and assure that we can support you during your involvement with our programs.

**Your Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Day(s) of the week/time(s) available to volunteer:** \_\_\_\_\_

1. **What is your marital status?**

Single  Married  Divorced  Domestic Partner  Widow(er)

2. **Would you describe yourself as a person who enjoys:**

Watching events or activities  Actively participating in activities  Both

3. **What is the highest level of education you have attained?** \_\_\_\_\_

4. **Name of current employer or school (if student):** \_\_\_\_\_

**Address:** \_\_\_\_\_

5. **Do you have transportation available to lessons?**  Yes  No

6. **In identifying a volunteer position for you, are there any special considerations you want us to know about?**  No  Yes (If yes, please discuss with us during volunteer training)

7. **Are you experiencing any physical/mental health issues that could affect your ability to be a volunteer?**  No  Yes (If yes, please discuss with us during volunteer training)

**How long have you lived in this area?** \_\_\_\_\_

8. **Do you anticipate any significant life changes over the next year or have you had any in the past year?**  No  Yes (If yes, please discuss with us during volunteer training)

9. **Do you speak any foreign languages/sign language?**

Yes \_\_\_\_\_  No

10. **Is there anything else you'd like to tell us about yourself or questions you may have?**

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date