

THE EQUINE PROJECT

Volunteer Questionnaire

Name _____ Age _____

Phone Number _____

Email _____

Emergency Contact _____ Phone Number _____

How did you hear about us?

Do you currently have a horse(s)? Yes No

Have ever you ever owned a horse(s) in the past? Yes No

How would you describe your level of experience with horses?

Novice Beginner Intermediate Experienced Professional

Tell us about your experience with horses:

What would you like as a benefit from working with The Equine Project?

Signature _____ Date _____

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