

# Volunteer Horse Patrol Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

My riding experience: \_\_\_\_\_

My reason for wanting to volunteer as a CHC Mounted Horse Patrol member: \_\_\_\_\_

I ride: Western \_\_\_\_\_ English \_\_\_\_\_ Other \_\_\_\_\_

I do: \_\_\_\_ I do not: \_\_\_\_ have a trailer. Type of trailer: \_\_\_\_\_

Horses name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_

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I board my horse at: \_\_\_\_\_ Town: \_\_\_\_\_

Problems my horse consistently has: \_\_\_\_\_

I normally ride \_\_\_\_\_ time(s) a month. I normally ride \_\_\_\_\_ hour(s) at a time.

Riding related physical problems I have: \_\_\_\_\_

Individual Member of the CT Horse Council, Inc. (CHC)  CHC Application enclosed

Other Equestrian groups I belong to: \_\_\_\_\_

State Park or Forest I would be willing to volunteer to Patrol: \_\_\_\_\_

I would: \_\_\_\_ I would not: \_\_\_\_ feel comfortable patrolling alone.

**Mail application to: Diane Ciano - 660 Greystone Road - Plymouth, CT 06782**

**Spirit76@snet.net 203-757-1904**