



B.O.K. Ranch

Therapeutic Horseback Riding Center



Therapeutic Riding Instructor Training Application

General Information

Instructor in Training Name: _____ DOB: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone (Home): _____ (Cell): _____

Email: _____

My CPR/First Aid Certification is current I am a PATH Intl Member

How did you learn about the B.O.K. Ranch Therapeutic Riding Instructor Mentorship Program?

Experience

How long have you been volunteering at B.O.K. Ranch? _____

I have never volunteered at a therapeutic riding center.

Check areas in which you have experience as a volunteer:

Barn Assistant Horse Leader Side Walker Exercise Rider

Teaching Experience (able-bodied, therapeutic riding, riding discipline English Western, private/group, setting, etc.)

Riding Experience (discipline English Western, level, private/group, setting, location, etc.)

Horsemanship Care/Management Experience (own/lease, lessons, classes, etc.)

Education (highest degree completed and/or certifications, etc.)

Other Relevant Experience (volunteering, animal assisted therapy, personal experience, fundraising, business, leadership, etc.)

Briefly describe why you want to pursue Therapeutic Riding Instructor Certification

Do you have any special needs or concerns?

What is your height? _____ What is your weight? _____

Riding Video Submission Criteria: Please submit a link to a recent video of your riding skills. Your video should be no more than 6 minutes and clearly demonstrate walk/trot/canter, posting diagonal, canter leads, halt-reverse. Riding video links may be emailed to director@bokranch.org.

I have included my \$95 application fee with this application.

I understand that the information provided above is accurate to the best of my knowledge. I know of no reason why I should not participate in the B.O.K. Ranch Therapeutic Riding Instructor Mentorship Program.

Signature: _____ Date: _____

For B.O.K. Ranch Staff Only:

Candidate is Accepted Not Accepted

Reason: _____