



# Letter of Recommendation

1905 Lee Road, Orlando FL 32810

Fax: 407-293-6280 - email: [volunteerinfo@freedomride.com](mailto:volunteerinfo@freedomride.com)

**Each personal reference must be at least 18yrs of age and a non-family member. Teachers, co-workers, guidance counselors, pastors, family friends, etc. are recommended options for each reference.**

Freedom Ride is a non-profit 501c3 volunteer based organization dedicated to enriching the lives and experiences of individuals with disabilities in the Central Florida community through therapeutic horseback riding lessons and related activities. Our clients are from a wide range of ages with various physical, emotional and cognitive disabilities. Volunteers assist in a variety of activities including but not limited to: cleaning stalls, handling horses, working with clients on and off the horses during lesson times.

Prospective Volunteer Name: \_\_\_\_\_

Your Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

How long have you known this person: \_\_\_\_\_

In what aspect do you know this person: \_\_\_\_\_

\_\_\_\_\_

Do you feel this person works well with children?  Yes  No

Do you feel this person would have the level of patience required for working with individuals with disabilities?  Yes  No

Do you feel this person would be able to work around horses?  Yes  No

Volunteers are asked to commit to a day/time for each riding session throughout the year; do you feel that this person would be dedicated to our program and capable of offering such commitment?  Yes  No

Would you recommend this person as being a suitable volunteer for our therapeutic riding program, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_