Karen Siran-Loughery OTR/L Inc. dba
DREAM THERAPIES
Telephone: 768-3845, Fax: 617-4357

HIPPOTHERAPY VOLUNTEER TIME LOG

VOLUNTEER:_____
(LAST, FIRST NAME)

DATE	TIME TOTAL HRS	DUTIES, SUP. INITIALS	DATE	TIME TOTAL HRS	DUTIES, SUP. INITIALS

SUPERVISOR SIGNATURE(S) AND INITIALS:
1. _____
2. _____
3. _____

DUTIES (TO BE NOTED IN ABOVE LOG):
SIDEWALKER – SW
HORSE HANDLER/LEADER - HH
GROOMING/TACKING – G/T
ARENA/STALL PREP/CLEAN– AS
OFFICE MANAGEMENT ACTIVITIES (filing, faxing, copying, telephone contacts) – O
VOLUNTEER TRAINING – VT
HORSE TRAINING – HT