



Volunteer Application Form

Contact Information

Name: _____ Phone: _____
Address: _____ City, State, Zip code: _____
Email: _____
emergency contact: _____ Phone: _____

Volunteer Position Information

Describe your level of experience with horses?

Do you own or have you owned horses? _____ Do you ride? _____ Past or present? _____ How often? _____

What other skills can you contribute to the organization? ie: computer, writing, photography, marketing, social media, grant proposals?

What days and times are you available? _____

By signing below you agree that you have not been convicted of a felony, that you authorize a background check and that all information you have provided in this application is true to the best of your knowledge.

Signature _____ date _____

For your safety and the safety of those around you, we perform background checks on our volunteers.

Last 4 digits of Social Security number: _____

Attached: copy of valid driver license ____ signed liability waiver ____