

Voice For Horses Rescue Network

Volunteer Application

PO Box 566

Toledo, Ohio 43697-0566

Phone: 419-247-0025 Email: voiceforhorses@wmconnect.com

Name _____ Address _____ City, State, Zip _____

DOB _____ SS # _____

Work Phone _____ Can you be contacted at work? **Y** **N** School(if applicable) _____

Phone _____ Fax _____ Home _____ Email _____

In case of emergency, contact: Name _____
Relationship _____

Home phone _____ Work Phone _____

How did you hear about our organization _____

Have you ever been investigated or charged for cruelty to animals? **Y** **N** If yes, Explain _____

Please list any special skills or previous volunteer experiences _____

Do you have asthma, allergies, or any type of physical or psychological condition that might affect your volunteer work? If yes, explain _____

How would you describe your level of experience with equine? (circle one) No experience Beginner
Novice Advanced

What type of experience do you have with equine? (e.g. showing, jumping, training, English, western...) _____

How would you like to help our program? (e.g. cleaning, grooming, feeding, PR, training, evaluating...) _____

Please indicate the days/times you are generally able to volunteer

Monday / Tuesday / Wednesday / Thursday / Friday / Saturday / Sunday / Morning / Afternoon / Evening

How many hours are you able to volunteer ?..... each week _____ each month _____

I understand that equine are unpredictable and that working with them on any level involves the risk of injury or death and/or damage to property. I assume this risk and release VFHR and all volunteers associated with VFHR from liability in the event of accident resulting in injury, illness or death to myself and/or damage to my property.

signature of applicant

date

Parent/Guardian (if applicant under 18yrs)

date