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| --- | --- |
| Volunteer Application |  |

## Contact Information

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| City ST ZIP Code |  |
| Home Phone |  |
| Work Phone |  |
| E-Mail Address |  |

## Availability

### During which hours are you available for volunteer assignments?

|  |  |
| --- | --- |
| Weekday mornings | Weekend mornings |
| Weekday afternoons | Weekend afternoons |
| Weekday evenings | Weekend evenings |

## Interests

### Tell us in which areas you are interested in volunteering

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| --- |
| Carpenter/Wood Workers  \_\_\_ Bee Keeper |
| Gardeners  \_\_\_ Seasoned Riders to Help Tune-Up Horses |
| Equine Instructor |
| Trail Life Troop  Fisherman  \_\_\_ Licensed Counselor \_\_\_ EAGALA Certified  \_\_\_ Equine Specialist \_\_\_ EAGALA Certified |
| \_\_\_ Interested in an EAGALA Certification |
| Friends of Hope Afield Fundraising |
| Newsletter/Web Site/Facebook Production |
| Volunteer Coordination  (OVER) |

## Special Skills or Qualifications

### Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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| --- |
|  |

## Previous Volunteer Experience

### Summarize your previous volunteer experience.

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| --- |
|  |

## Person to Notify in Case of Emergency

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| City ST ZIP Code |  |
| Home Phone |  |
| Work Phone |  |
| E-Mail Address |  |

## Agreement and Signature

### By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

|  |  |
| --- | --- |
| Name (printed) |  |
| Signature |  |
| Date |  |

### Thank you for completing this application form and for your interest in volunteering with us.

(OVER)