



Serenity Therapeutic Equine Program

7580 16th ST SW Minot ND 58701

www.serenitytep.org

Volunteer Application Information

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

IN CASE OF AN EMERGENCY, PLEASE CONTACT:

Name/Relationship: _____ Phone: _____

We want to thank you for your interest in volunteering for the Serenity Therapeutic Equine program. The following paperwork will greatly assist the organization to ensure both your safety and that of our riders. This includes basic contact information, your story, background checks (due to the age of our riders), and your availability for volunteering. Your willingness to help others is the foundation of Serenity Therapeutic Equine Program, helping others take a STEP in the right direction. Thank you very much for your time and effort.

1. Please take this space (and more on the back if needed) to tell us a bit about what brought you to the program, what motivates you to volunteer, and what you would like to get out of your experience here.

2. Please complete the supplied Child Abuse and Neglect Background Inquiry. This information is forwarded to the North Dakota Department of Human services Child Abuse and Neglect Program and is confidential. Your results will not be shared with anyone outside of Serenity Therapeutic Equine Program.
3. Please review the attached Volunteer Manual for general information, roles, and procedures.
4. Please indicate your availability by placing a check/X in the boxes below. It is understood that schedules may change throughout the year, so it is greatly appreciated if you can call/text/email if you will not be available any particular days.

AVAILABILITY

	4:00-5:00p	5:00-6:00p	6:00-7:00p	7:00-8:00p	Please include any notes about your availability. Thank you.
Early					
Mondays					
Tuesdays					

Mid					
Mondays					
Tuesdays					

Late					
Mondays					
Tuesdays					

Serenity Therapeutic Equine Program is a 501(c)3 Nonprofit Organization.
 Tax ID: 27-4545341