



Casey's Safe Haven

Equine Volunteer Application

Name _____ E-Mail _____

Address: _____ City _____ State _____ Zip _____

Phone: _____ Mobile _____ Sex: ___M___F Age: _____*

*Age 12 to 16 must be accompanied by an adult, Legal Guardian – Information required

Describe horse / animal experience, if any: _____

Describe previous volunteer experience, if any: _____

Other interests / hobbies: _____

Reason for wanting to volunteer at Casey's Safe Haven: _____

Any special medical conditions / limitations: (i.e. asthma, bee sting allergy, etc) _____

Volunteer Program Hours – AM: 8 to noon; PM 3 to 5 or 6, Every day (no Friday PM)

Potential Days available – Please mark AM, PM or Both on days available:

_____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun

People Helping HORSES Helping People

Casey's Safe Haven | PO Box 103 | Elburn, IL 60119 | www.caseyssafehaven.org | info@caseyssafehaven.org

Registered Illinois Horse Rescue License #14155 | Approved Illinois Charitable Organization

Tax-Exempt 501(c)(3) Organization | Internal Revenue Service File #45-2865627