

## **VOLUNTEER APPLICATION**

FIRST NAME	LAST NAME
ADDRESS	CITY
STATE	ZIP
HOME/PHONE	EMAIL
DATE OF BIRTH	OCCUPATION

*Please complete the following questions about yourself and your experience with horses.* How many years of experience do you have...

Leading horses \_\_\_\_\_ Grooming horses \_\_\_\_\_ Stall mucking \_\_\_\_\_

Providing basic hoof care/cleaning \_\_\_\_\_ Providing medical assistance to horses \_\_\_\_\_

Full care and/or maintenance of a horse \_\_\_\_\_ Driving horses/ponies \_\_\_\_\_

Riding well trained horses \_\_\_\_\_\_Riding "green" broke horses \_\_\_\_\_\_

Working with average size horses \_\_\_\_\_ working with a draft type horses \_\_\_\_\_

Working with young horses (*less than 1 yr.*) \_\_\_\_\_ Working with ponies \_\_\_\_\_

Haltering and teaching a horse to lead \_\_\_\_\_ Starting horses from scratch (including

lungeing, ground driving, saddling, etc) \_\_\_\_\_

Please describe your horse experience, based on the year of experience that you have marked above:

Please describe any other experiences or talents that you would like to let us know about:

\*Don't worry if you have little of no experience with horses, we have training available for our volunteers!\*

The following questions are for the safety of our staff and other volunteers. This and all other information will remain confidential:

(1) Have you ever been convicted of a felony? Yes	_ No
If Yes, please explain.	
(2) Have you ever been convicted of a sexual offense? Yes	No
If Yes, please explain.	
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Please provide the following emergency information:

EMERGENCY CONTACT 1:	RELATIONSHIP:	CONTACT NUMBERS
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Do you have any medical limitations or are you on any prescription medications: Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, please describe your conditions and any specifics that may be needed in an emergency situation:

I understand that by signing this application, I am applying to volunteer at Triple R Equine Ranch Inc, and understand that for any reason my application may be denied. I also understand that the information I've provided may be used to request a background check, including criminal records to verify personal information. By signing this application I am verifying that all information I've provided is accurate.

SIGNATURE	DATE
IF UNDER 18, SIGNATURE OF PARENT IS REQUIRED	DATE