

For Internal Use

Database: _____ Calendar: _____
 Listserv: _____ Schedule: _____
 Email: _____
 Emails to Beth: _____



For Internal Use

FEED SHIFT ASSIGNED

VOLUNTEER REGISTRATION
 COMPLETE ALL SECTIONS IN FULL BEFORE SIGNING

Today's Date: _____

Copy of Driver's License

VOLUNTEER INFORMATION (please print clearly)

Person 1. FN: _____ LN: _____ Birth Date: _____ Gender: M F

Phone: _____ Email: _____

Address: _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone: _____

Emergency Contact Email: _____ Parent/Legal Guardian: Y N

Any physical/mental conditions which may affect volunteer activities: Y N

If yes, please explain _____

Person 2. FN: _____ LN: _____ Birth Date: _____ Gender: M F

Phone: _____ Email: _____

Any physical/mental conditions which may affect volunteer activities: Y N

If yes, please explain _____

(If different from above)

Address: _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone: _____

Emergency Contact Email: _____ Parent/Legal Guardian: Y N

Person 3. FN: _____ LN: _____ Birth Date: _____ Gender: M F

Phone: _____ Email: _____

Any physical/mental conditions which may affect volunteer activities: Y N

If yes, please explain _____

(If different from above)

Address: _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone: _____

Emergency Contact Email: _____ Parent/Legal Guardian: Y N

AVAILABILITY

(feed shift starting times are set by the feed shift leader. Approximate starting times are: am-8:00-9:00 pm-3:30-5:00)

	Sun		Mon		Tues		Wed		Thu		Fri		Sat		Fill-in	Not Sure
	am	pm	am	pm	am	pm	am	Pm	am	pm	am	pm	am	pm		
Person 1																
Person 2																
Person 3																

Availability Comments:

When do you want to start – Week of: _____

AREA(S) OF INTEREST

(see volunteer team's handout for descriptions on each team)

	Feed Shift Team <i>(feed-groom-muck-weed whack-mow-other odd jobs)</i>	Farm Operations / Maintenance Team	Events Team	Adoptions Team	Horsemanship Team <i>(separate application and evaluation required)</i>	Fundraising Team
Person 1						
Person 2						
Person 3						

SPECIAL SKILLS

(to identify volunteers who would be interested in helping with behind the scenes work)

	Finances	Construction	Graphic Design	Law	Creative Writing	Event Planning	Social Media	Fundraising	Photography
Person 1									
Person 2									
Person 3									

HORSE EXPERIENCE

(check appropriate box; you do not need experience to become a volunteer)

	TYPE OF EXPERIENCE			YEARS OF EXPERIENCE				
	No Experience	Beginner <i>(knows basics of horse handling; needs some assistance)</i>	Intermediate <i>(knows how to safely handle horses on the ground unassisted)</i>	Advanced <i>(has extensive horse handling experience; knows how to work with "green" horses)</i>	< 1 Year	1-2 Years	3-5 Years	6-10 Years
Person 1								
Person 2								
Person 3								

Briefly explain horse experience:

OTHER

Have you ever been convicted of a crime of any kind, including a misdemeanor or a felony? Have you ever been charged with animal abuse or cruelty or neglect? By signing below you authorize FHHR to conduct a background check.

- No**
- Yes** *(If you answer "yes", you will be contacted by FHHR)*

Please provide FHHR with a copy of your license

How did you hear about us?

- Internet – Website:** _____
- Local Paper – Paper:** _____
- Friend – Who:** _____
- School – Name:** _____
- Other** _____

Participant Signature (age 18 and over): _____ **Date:** _____

Parent/Guardian Signature (under 18): _____ **Date:** _____

ALL VOLUNTEERS must provide a copy of their driver's license
 and
 Read and sign the attached FHHR equine liability waiver
 Thank You!!