



VOLUNTEER APPLICATION AND MEMBERSHIP FORM

(Please print all information legibly)

Personal Information

Date of Application _____

First Name _____ Last Name _____

Home Phone: _____ Cell Phone: _____

Address: _____

City: _____ Postal Code: _____

Birthdate _____ / _____ / _____ Email _____
Month Day Year

Personal References or Sponsorship

Name _____ Phone _____

In Case of Emergency

Family Doctor _____ Phone _____

Family Member _____ Phone 1 _____ Phone 2 _____

Equine History and Experience

Please describe your equestrian experience e.g. farm, owner, training taken, certificates held, levels achieved.

Please describe some of your work and volunteer experiences and some of you special interests and skills.



I want to volunteer in one or more of the following areas (areas will be assigned as feasible):

- | | | |
|---------------------------------------------------|-------------------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Horse care and handling | <input type="checkbox"/> Pre-approval of receiving a horse | <input type="checkbox"/> Site visits |
| <input type="checkbox"/> Care and display of tack | <input type="checkbox"/> Care and maintenance of facilities | <input type="checkbox"/> Communications |
| <input type="checkbox"/> Trade shows | <input type="checkbox"/> Adoption Placement | <input type="checkbox"/> Paper/desk work |
| | | <input type="checkbox"/> Web site |

- Management tasks: Orientation of volunteers and visitors
 Health care program Feeding program
 Exercise/riding program Setting up resources program or literature, clinics, and training programs
- Fund development: special events gift in kind solicitation

When are you available for volunteer work? regularly occasionally

Days of Week Available:	Mon	Tues	Wed	Thu	Fri	Sat	Sun
Times available: am	_____	_____	_____	_____	_____	_____	_____
Times available: pm	_____	_____	_____	_____	_____	_____	_____

Please read the following agreement carefully

I acknowledge that equestrian activities, such as horse care and maintenance, contain inherent risks of injury and damage to me personally, my property and horse.

Based upon such knowledge and in consideration of the Society's allowing me to enter onto its premises I assume any and all risk or loss or injury to me or my property, whether anticipated or unanticipated, arising from entry upon the Circle F Horse Rescue Society premises and my participation in any equestrian activities.

I have read and signed the waiver form given to me.

I acknowledge that I have read the foregoing paragraphs and know and understand the contents thereof: (All family members must sign)

Signature: _____ Date: _____

Signature: _____ Date: _____

Minors: A parent or guardian must co-sign if you are under the age of 19 years old

Signature of minor: _____ Parent/Guardian: _____

Signature of minor: _____ Parent/Guardian: _____

Please check one:

Please find enclosed **\$5.00 for Individual Membership**

Please find enclosed **\$10.00 for Family Membership** (2 or more persons)

Office Use Only:

Date of service completion or interruption _____