



# HORSES & HEROES

## VOLUNTEER APPLICATION

### Part I – Personal Information

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone: Work \_\_\_\_\_ Home \_\_\_\_\_

Preferred Contact Method: \_\_\_\_\_ Cell \_\_\_\_\_

Email: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Employer: \_\_\_\_\_

Your Title: \_\_\_\_\_

Have You Ever Been Convicted of a Felony: Yes No If Yes, Explain: \_\_\_\_\_

\_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact Phone # \_\_\_\_\_ Relationship: \_\_\_\_\_

### Part II – Previous Volunteer Experience

Organization: \_\_\_\_\_

Volunteer Dates: \_\_\_\_\_ Volunteer Position/Title: \_\_\_\_\_

Position/Title Responsibilities \_\_\_\_\_

\_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Organization: \_\_\_\_\_

Volunteer Dates: \_\_\_\_\_ Volunteer Position/Title: \_\_\_\_\_

Position/Title Responsibilities \_\_\_\_\_

\_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Part III – Areas of Expertise** (knowledge, skills, experience)

Special Skills/ Areas of Expertise: *Please check all special skills or areas of expertise you would contribute to Horses & Heroes*

- |   |   |
|---|---|
| <input type="checkbox"/> Accounting                       | <input type="checkbox"/> Grant Writing        |
| <input type="checkbox"/> Animal Care ( <i>See Below</i> ) | <input type="checkbox"/> Legal (Board Member) |
| <input type="checkbox"/> Community Engagement             | <input type="checkbox"/> Marketing            |
| <input type="checkbox"/> Community Education              | <input type="checkbox"/> Media / Technology   |
| <input type="checkbox"/> Events                           | <input type="checkbox"/> Research             |
| <input type="checkbox"/> Facility Maintenance             | <input type="checkbox"/> Risk Management      |
| <input type="checkbox"/> Finances (Board Member)          | <input type="checkbox"/> Strategic Planning   |
| <input type="checkbox"/> Fund Development                 | <input type="checkbox"/> Other: _____         |

**Part IV – Animal Care Applicants ONLY**

Total Years of Experience with Horses: \_\_\_\_\_ Year of Last Experience: \_\_\_\_\_

Describe Your Experience(s) with Horses: \_\_\_\_\_

Have You Ever Owned Horse(s):    Yes    No    If Yes, How Many: \_\_\_\_\_

Do You Have Experience with Any Type of Equine Therapy Modalities:    Yes    No

If Yes, Explain: \_\_\_\_\_

Are You Physically Capable of Lifting up to 50 lbs (grain bags & square bales):    Yes    No

Do You Have Any Limitations to Working Outdoors in Extreme Temperatures:    Yes    No

If Yes, Explain: \_\_\_\_\_

Describe Your Experience(s) Working with Horses with Special Needs: \_\_\_\_\_

Please Circle the Day(s) You Would Be Available to Volunteer:

Monday    Tuesday    Wednesday    Thursday    Friday    Saturday    Sunday

I, \_\_\_\_\_ **certify that the above information is accurate and true.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Please submit your completed application to: [info@horsesandheroes.org](mailto:info@horsesandheroes.org)*