

## Casey's Safe Haven

## **Equine Volunteer Application**

| Name         | E-Mail                 |  |                              |                       |                            |  |
|--------------|------------------------|--|------------------------------|-----------------------|----------------------------|--|
| Address:     | City                   |  |                              | State Zip             |                            |  |
| Phone:*      | Age 12 to 16 must be a | Mobileaccompanied by an adul                       | Sex:M<br>t, Legal Guardian – | F Ag<br>Information I | e: <sup>·</sup><br>equired |  |
|              |                        | ce, if any:  |                              |                       |                            |  |
| Describe pre | vious volunteer experi | ence, if any:                                      |                              |                       |                            |  |
| Other intere | ests / hobbies:        |  |                              |                       |                            |  |
|              |                        | nt Casey's Safe Haven:                             |                              |                       |                            |  |
|              |                        | mitations: (i.e. asthma,                           |                              |                       |                            |  |
|              |                        | am Hours – AM Hours: 8<br>vailable – Please mark A | •                            | •                     |                            |  |
|              | Tı                     | uesWed   | 「hurs Fri                    | Sat                   | Sun                        |  |

People Helping HORSES Helping People