



Casey's Safe Haven

Volunteer Application

Name _____ E-Mail _____

Address: _____ City _____ State _____ Zip _____

Phone: _____ Mobile _____ Sex: ___M___F Age: _____*

*Age 12 to 16 must be accompanied by an adult, Legal Guardian – Information required

Describe horse / animal experience, if any: _____

Describe previous volunteer experience, if any: _____

Other interests / hobbies: _____

Reason for wanting to volunteer at Casey's Safe Haven: _____

Any special medical conditions / limitations: (i.e. asthma, bee sting allergy, etc) _____

Volunteer Barn Program Hours – AM Hours: 8am to noon; PM Hours: 2 to 5pm | Other Options Available
Potential Days available – Please mark AM, PM or Both on days available:

___ Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___ Sat ___ Sun

People Helping HORSES Helping People

Casey's Safe Haven | Mailing: PO Box 103, Elburn, IL 60119 | Physical: 8N005 IL Rte 47, Maple Park, IL 60151

www.caseyssafehaven.org | info@caseyssafehaven.org | volunteers@caseyssafehaven.org

Registered Illinois Horse Rescue License #14155 | Approved Illinois Charitable Organization

Tax-Exempt 501(c)(3) Organization | Internal Revenue Service File #45-2865627