



VOLUNTEER APPLICATION

Name: _____ DOB: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____ Relationship: _____

I would like to help by *(please check all applicable boxes)*:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Helping the horses | <input type="checkbox"/> Helping the people | <input type="checkbox"/> Helping the organization | <input type="checkbox"/> Helping the facility |
| Feeding, watering, cleaning | Leading, side-walking, spotting | Fundraising, marketing, planning | Mowing, cleaning, repairing |

Please share any relevant experience or skills: _____

I have the following medical conditions and may need accommodations while performing assigned volunteer duties at ConnEQtions, Inc: _____

By signing below to apply as a volunteer at ConnEQtions, Inc, I understand that my background may be checked, and agree to the expectation that I am not currently nor have I been a registered sex offender, have a history of any violent offenses, any history of arson, or any history of animal abuse. I agree that ConnEQtions may run a background check and ask questions pertaining to my eligibility to volunteer at the program.

Signed: _____ Date: _____