

OSBORNE STABES EQUINE RESCUE, INC.  
VOLUNTEER APPLICATION

Our organization encourages the participation of volunteers who support our mission.

*Mission Statement*

*To rescue or assist in the rescue of abused, abandoned, injured or unwanted horses, and to provide them with the care they deserve. Provide community education for horse owners and potential horse owners in all areas of equine care, training, and maintenance, while helping today's youth and families excel. Preventing animal cruelty before it begins. Horses brought to Osborne Stables Equine Rescue, Inc. have a permanent home.*

If you agree with our mission and are willing to be interviewed and trained in our procedures, we encourage you to complete this application. The information on this form will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you.

Thank you for your interest in Osborne Stables Equine Rescue, Inc. aka OSER, Inc.

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate phone numbers: \_\_\_\_\_

E-mail: \_\_\_\_\_ Employer: \_\_\_\_\_

Position: \_\_\_\_\_

Any special talents or skills you have that you feel would benefit our organization?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate days available: Mon Tues Wed Thur Fri Sat Sun

Times available: From \_\_\_\_\_ To \_\_\_\_\_

Any physical limitations? \_\_\_\_\_

In case of emergency contact: \_\_\_\_\_

Have you ever been convicted of a crime? No \_\_\_ Yes \_\_\_ What type and when?

\_\_\_\_\_

Background checks may be done to insure the safety of all involved. Children may be participating in our services and activities. Thank you for your cooperation. All information is confidential. Hippa privacy applies.

As a volunteer of our organization I agree to abide by the policies and procedures. I understand that I will be volunteering at my own risk and that the organization, its directors, other volunteers and affiliates, cannot assume any responsibility for any liability for any accident, injury or health problem which may arise from any volunteer work I perform for the organization. I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.

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

Once accepted as a volunteer you will be asked to fill out another form with requested additional information. Thank you for your interest in Osborne Stables Equine Rescue, Inc.

Contact: Claudette Osborne # 210-827-3136 e-mail: [osequinerescueaiemail.net](mailto:osequinerescueaiemail.net)