**VOLUNTEER APPLICATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME*(Print)*:** |  | **DATE:** |  |
| **DATE OF BIRTH:** |  | **CELL PHONE:** |  |
| **AGE:** |  |  |  |

 Best number to reach you at: (Circle one) HOME or PHONE

 Can we call you if we are shorthanded: YES NO

|  |  |  |  |
| --- | --- | --- | --- |
| **EMAIL:** |  | @ |  |
| **EMAIL:** |  | @ |  |
| **ADDRESS:** |  |
| **CITY:** |  | **STATE:** |  | **ZIP:** |  |

|  |  |
| --- | --- |
| How did you hear about Making Strides of Virginia? |  |

|  |  |
| --- | --- |
| Specialty Certifications (not required to volunteer): | CPR RN EMT FIRST AID LPN CERT Other: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Experience with horses and/or disabled persons (not required to volunteer) | Yes |  | No |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| If YES, how many years: | Horses: |  | Disabled: |  |

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**AVAILABLE DAYS**

[ ]Monday [ ]Tuesday [ ]Wednesday [ ]Thursday [ ]Friday [ ]Saturday [ ]Sunday

**FUNDRAISING:** I would also like to help with other committees checked

[ ]Horses for Heroes Program [ ]Events [ ]General Fundraising

[ ]Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FARM MAINTENANCE:** I would like to volunteer my skills or help with tasks

[ ]Carpentry/Repairs [ ]Painting [ ]Kids activities [ ]Office/Computer

[ ]Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SIGNATURE:** | X | **DATE:** |  |  |

**MUST BE 16 YEARS OF AGE TO VOLUNTEER. PARENT/GUARDIAN MUST SIGN IN FRONT OF MAKING STRIDES OF VIRGINIA STAFF IF APPLICANT IS UNDER 18 YEARS OF AGE.**

**PHOTO RELEASE / BACKGROUND CHECK FORM**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| --- | --- | --- | --- | --- |
| **Are you a Veteran:** | **YES** |  | **NO** |  |
|  |  |  |  |  |
| **Are you doing School Service Hours:** | **YES** |  | **NO** |  |
| **School:** |  | **Hours Needed:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Are you here for a court appointed service?** | **YES** |  | **NO** |  |
| **What District and Judge:** |  |
| **Offense sentenced for:** |  | **Hours needed:** |  |

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**PHOTO RELEASE**

Making Strides of Virginia will have photographers and the media capturing therapeutic activities with photos, audio ad video film through the season/year. With you presence, participation, and activity at Making Strides of Virginia you are presumed to have agreed to your appearance in any promotional material, educational material, not limited to this list or any other use for the benefits of Making Strides of Virginia with or without your signature. Exception, you must write *“I do not authorize my photo to be taken”* then it is your responsibility to not participate in the program the day the photos and / or media are shooting photos or filming.

|  |  |  |  |
| --- | --- | --- | --- |
| **SIGNATURE:** |  | **DATE:** |  |

**Applicant Signature or Parent/Guardian if under 18 years of age**

**BACKGROUND CHECKS**

Have you ever been convicted of a criminal offense or Felony or are you on parole?

YES\_\_\_\_ NO\_\_\_\_\_. If yes, please explain:

|  |
| --- |
|  |

All volunteer applicants of 18 years and older may be subject to a criminal background check before they begin their services at Making Strides of Virginia. Making Strides of Virginia has the right to reject any one who has been convicted of crimes involving but not limited to the following: violence, alcohol, theft, and any other crime that Making Strides of Virginia deems may pose possible risks to riders, volunteers, and staff, including but not limited to this list. Record checks include inquires of social security number, information from National Criminal File that includes state criminal records, prison parole, release files and sex offender registries. Making Strides of Virginia also has the right to reject any applicant who refuses to comply with a criminal records check.

**All information will be kept strictly confidential by Making Strides of Virginia.**

|  |  |  |  |
| --- | --- | --- | --- |
| **SIGNATURE:** | X | **DATE:** |  |
| **Social Security Number (LAST 4 DIGITS):** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **OR Driver’s License Number:** |  |

**Applicant Signature or Parent/Guardian if under 18 years of age**