

Volunteer/Staff Application for Hoofprints to Heal Therapy, LLC

Name:

DOB:

Address:

Cell phone:

Other phone:

Email address:

Address:

Emergency contact name and number:

Do you have reliable transportation?

What days/times are you available?

Previous volunteer experience? ie. With who, What did you do?

Any special needs or restrictions we should be aware of?

Are you in good physical condition, Can you walk for an hour or more if necessary?

What is your experience with horses?

What is your experience with children with special needs?

Availability:

How did you hear about us?

Fingerprint or background check: N/A

Criminal History: All volunteer positions require a Criminal History check. Conviction will not necessarily disqualify you from participating. Have you ever been convicted of a felony? Yes/No
If yes, explain.

AUTHORIZATION AND AGREEMENT BY APPLICANT:

I certify that the facts set in this volunteer application are true and complete to the best of my knowledge. I understand that any false statement, omission or misrepresentation in my application or placement interview may result in the rejection of my application or discharge from the volunteer program.

Name of volunteer

Signature of volunteer(or adult guardian)

Date