



New Life Equine Therapy Facility Volunteer Application Form

Thank you for your interest in volunteering with us! Please fill out the form below, and we'll get in touch with you soon.

Personal Information

- Full Name: _____
- Date of Birth: _____
- Address: _____
- City: _____ State: _____ ZIP Code: _____
- Phone Number: _____
- Email Address: _____

Emergency Contact Information

- Full Name: _____
- Relationship: _____
- Phone Number: _____

Availability

1. What days are you available to volunteer? (Check all that apply)
 - ☐ Monday
 - ☐ Tuesday
 - ☐ Wednesday
 - ☐ Thursday
 - ☐ Friday
 - ☐ Saturday
 - ☐ Sunday
2. Preferred volunteering hours:
 - ☐ Morning (9 AM–12 PM)
 - ☐ Afternoon (12 PM–4 PM)
 - ☐ Evening (4 PM–7 PM)

Interests and Skills

1. Why are you interested in volunteering at New Life Equine Therapy Facility?

2. Do you have any prior experience with horses or equine therapy?

○ [] Yes

○ [] No

3. If yes, please describe your experience:

4. What skills or talents would you like to contribute as a volunteer? _____

Medical Information

1. Do you have any allergies, physical conditions, or other health considerations we should be aware of?

Agreement and Signature

By signing below, I confirm that the information provided is accurate and truthful. I also understand that volunteering involves certain risks and agree to follow the facility's guidelines and safety procedures.

● **Signature:** _____

● **Date:** _____