

For Internal Use	
Database:	Calendar:
Listserv:	Schedule:
Email:	Lic Up:
Emails to Beth:	



For Internal Use	
FEED SHIFT ASSIGNED	

VOLUNTEER REGISTRATION
COMPLETE ALL SECTIONS IN FULL BEFORE SIGNING

Today's Date: _____

Copy of License

VOLUNTEER INFORMATION (please print clearly)

1. FN: _____ LN: _____ Birth Date: _____ Gender: M F Minor: Y N

Phone: _____ Email: _____

Address: _____

Emergency Contact Name & Phone #: _____ Relationship: _____

Emergency Contact Email: _____

Parent/legal guardian of minor: Y N Any physical/mental conditions which may affect volunteer activities: Y N

If yes, please explain _____

2. FN: _____ LN: _____ Birth Date: _____ Gender: M F Minor: Y N

Phone: _____ Email: _____

Address: _____

Emergency Contact Name & Phone #: _____ Relationship: _____

Emergency Contact Email: _____

Parent/legal guardian of minor: Y N Any physical/mental conditions which may affect volunteer activities: Y N

If yes, please explain _____

3. FN: _____ LN: _____ Birth Date: _____ Gender: M F Minor: Y N

Phone: _____ Email: _____

Address: _____

Emergency Contact Name & Phone #: _____ Relationship: _____

Emergency Contact Email: _____

Parent/legal guardian of minor: Y N Any physical/mental conditions which may affect volunteer activities: Y N

If yes, please explain _____

AVAILABILITY

(feed shift starting times: am: 8:00-9:00 pm: 3:30-4:00)

	Sun		Mon		Tues		Wed		Thu		Fri		Sat		Fill-in	Not Sure
	am	pm	am	pm	am	pm	am	Pm	am	pm	am	pm	am	pm		
Person 1																
Person 2																
Person 3																

Availability Comments:

AREA(S) OF INTEREST

(see volunteer team's handout for descriptions on each team)

	Feed Shift Team	Farm Operations / Maintenance Team	Events Team	Adoptions Team	Horsemanship Team <i>(separate application and evaluation required)</i>	Fundraising Team
Person 1						
Person 2						
Person 3						

SPECIAL SKILLS

(to identify volunteers who would be interested in helping with behind the scenes work)

	Finances	Construction	Graphic Design	Law	Creative Writing	Event Planning	Social Media	Fundraising	Photography
Person 1									
Person 2									
Person 3									

HORSE EXPERIENCE

(check appropriate box; you do not need experience to become a volunteer)

	TYPE OF EXPERIENCE			YEARS OF EXPERIENCE				
	No Experience	Beginner <i>(knows basics of horse handling; needs some assistance)</i>	Intermediate <i>(knows how to safely handle horses on the ground unassisted)</i>	Advanced <i>(has extensive horse handling experience; knows how to work with "green" horses)</i>	< 1 Year	1-2 Years	3-5 Years	6-10 Years
Person 1								
Person 2								
Person 3								

Briefly explain horse experience:

OTHER

Have you ever been convicted of a crime of any kind, including a misdemeanor or a felony? Have you ever been charged with animal abuse or cruelty or neglect? By signing below you authorize SRFR to conduct a background check.

- No
- Yes *(If you answer "yes", you will be contacted by SRFR)*

Please provide SRFR with a copy of your license

How did you hear about us?

- Internet
- Local Paper
- Friend
- Other _____

Participant Signature (age 18 and over): _____ Date: _____

Parent/Guardian Signature (under 18): _____ Date: _____

ALL VOLUNTEERS MUST PROVIDE A COPY OF THEIR LICENSE and READ & SIGN THE ATTACHED SRFR EQUINE LIABILITY WAIVER & POLICY FORM.

THANK YOU!!