



Volunteer Application

Please complete the whole form and print neatly.

Date _____

Name	Birth Date
Address	City, State, Zip Code
Home Phone	Work Phone
Mobile Phone	Occupation
E-mail Address	Web Site

Please fill in the blanks under the days you are available, with the times you will be available.

PLEASE NOTE: Feeding /Barn Chores run from 8-11 am and 3-6 pm daily; other volunteer position hours are flexible.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

Other: _____

What are you interested in doing as a L.E.A.R.N. volunteer (check at least one)?

- Barn Crew (feeding, cleaning stalls, paddocks, equipment, misc. chores)
- Groom
- Horse Exerciser (leading or lunging horses)
- Horse Exerciser (riding)
- Office Help
- Phone Calls
- Working at a booth at events representing L.E.A.R.N.
- Fundraising/Donation
- Work Day Team Leader
- Children's Programs
- Other – please specify

The following questions are for the safety of our representatives and other volunteers, this information will remain confidential:

(1) Have you ever been convicted of a felony? Yes _____ No _____

If you selected Yes, please explain.

(2) Have you ever been convicted of a sexual offense? Yes _____ No _____

If you selected Yes, please explain.

(3) Have you ever been convicted of animal cruelty or neglect? Yes _____ No _____

If you have selected Yes, please explain.

Give three references, not relatives or former employers

1. Name: _____ Phone Number _____

Address: _____

Relationship: _____

2. Name: _____ Phone Number _____

Address: _____

Relationship: _____

3. Name: _____ Phone Number _____

Address: _____

Relationship: _____

Please provide the following emergency information:

Emergency Contact Name/Relation	Home Phone
Mobile Phone	Work Phone

Do you have any medical limitations or are you on any prescription medications? Yes _____ No _____

If Yes, please describe your conditions and alert us how to help you in emergency situations:

Please complete the following questions about yourself and your experience with horses:

How many years of experience do you have...

Leading horses _____ Grooming horses _____ Providing basic hoof care/cleaning _____

Training horses with ground work _____ Starting a horse under saddle _____

Riding well trained horses _____ Riding "green" broke horses _____ Stall mucking _____

Providing medical assistance to horses _____ Full care and/or maintenance of a horse _____

Working with an average size horse _____ Working with a young horse (*less than 1 yr.*) _____

Working with a draft type horses _____ Working with a wild mustang _____

Please describe your horse experience, based on the year of experience that you have marked above:

Please describe any other experiences or talents that you would like to let us know about:

****Don't worry if you have little or no experience with horses, we have training available for our volunteers!****

PLEASE READ CAREFULLY BEFORE SIGNING

I understand that by signing this application, I am applying to volunteer at Livestock and Equine Awareness and Rescue Network and understand that for any reason my application may be denied. I also understand that the information I've provided may be used to request a background check, including criminal records to verify personal information. By signing this application I am verifying that all information I've provided is accurate.

I understand that this application or verbal statements by LEARN Representatives do not create an express or implied contract of volunteering nor guarantee a volunteer position for any definite period of time. I understand that I have been hired at the will of LEARN and may be dismissed at any time, with or without reason and with or without notice.

Signature	Date
Parent/Guardian Signature (If under 18 yrs.)	Date