

# EQUINE RESCUE AIKEN

## VOLUNTEER APPLICATION

Thank you for your interest in becoming a volunteer with Equine Rescue of Aiken. Please complete and sign this form and return it to our office via fax, email, or postal mail. We look forward to working with you. Volunteer hours are Monday through Saturday between 9:00 a.m. and 1:00 pm.

### VOLUNTEER INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_  
*(Will only be used to contact you regarding volunteer events/opportunities)*

Age: 10-17 \_\_\_\_\_ (Will require signature of a Parent/Guardian) 18 or older: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have any medical restrictions or physical limitations that we should be aware of?

Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, please describe (optional) \_\_\_\_\_

### **Volunteer Availability:**

Seasonal (Specify): \_\_\_\_\_ Weekly: \_\_\_\_\_

Member of Volunteer Group? (Specify): \_\_\_\_\_

Do you want to be on the AER Volunteer email list? \_\_\_\_\_ YES \_\_\_\_\_ NO

Do You Want to be included in the AER Newsletter List? \_\_\_\_\_ YES \_\_\_\_\_ NO

### **Specify if You are Interested in Volunteering for Any of the Following Categories:**

Web Design: \_\_\_\_\_ Graphic Design: \_\_\_\_\_ Mail Merge: \_\_\_\_\_

Newsletter Writing: \_\_\_\_\_ Grant Writing: \_\_\_\_\_ Facebook Expert: \_\_\_\_\_

Volunteer for Special Events: \_\_\_\_\_ Photography: \_\_\_\_\_