SONNYDAZE RANCH

Mental Health & Wellness Equine Programs

11110 Allen Road, East Concord, NY 14055

Email: **sonnydazeranch@yahoo.com**

Ph. (716) 574-3868

VOLUNTEER APPLICATION

Name: _____Date: _____

Address: _____City: _____, NY Zip: _____

Phone: (___) _____ Email: _____

Emergency Contact: _____Phone: (___)_____

TELL US ABOUT YOURSELF

Occupation: _____ Currently Employed: YES NO

Current Employer: _____ # Years w/Employer: _____

AGE: _____ Hobbies: _____

Prior Volunteer Experience: YES NO Where: _____

What were your volunteer duties? _____

What skills do you excel at? _____

What are you interested in learning? _____

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Do you own horses or have prior horse experience? Currently Own: YES NO Experience: YES NO

Would you like to gain horse experience and attend a volunteer training? YES NO

What areas are you most interested in volunteering? ____ Horses ____ Office Work ____ Fundraising

____ Stable Management ____ Land Preservation/Grounds Work ____ Professional Services

Availability: ___ Monday ____ Tues ____ Wed ____ Thurs ____ Fri ____ Sat ____ Sun

Best Available Time(s): ____ Mornings ____ Early Afternoons ____ Late Afternoons ____ Evenings

Do you have any physical/mental/emotional challenges you would like us to know about? (Optional):

_____

Any special accommodations you may need? _____

_____

Any health issues/allergies we should know about? _____

_____

_____

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