



VOLUNTEER APPLICATION

Welcome to Horses At Heart Equestrian Adventures Inc. Our non-profit organization provides adults and children the opportunity to work with horses to foster personal development and interpersonal skills. Please take a moment to fill out our application form.

DATE: _____

PERSONAL INFORMATION: (Please print)

LAST NAME: _____ FIRST NAME: _____

AGE (If under 18): _____

ADDRESS: _____
(Street) (City) (Province) (Postal Code)

PHONE: _____ / _____ / _____
(Home) (Work) (Cell)

EMAIL ADDRESS: _____

I give Horses At Heart permission to contact me via email or phone for updates and program needs

GROUP INFORMATION: If you are volunteering as a group, please indicate (√) the following:

Company group School group Family group Other _____

Group Name: _____ # of volunteers in group _____

Mailing Address: _____

Group leader's name: _____ (Last) _____ (First)

Contact Information: _____ (Phone) _____ (Email)



SKILLS, EXPERIENCE AND INTERESTS:

What type of volunteer work are you interested in? (Circle all that apply)

Horse and Barn Care Office Administration Marketing
Janitorial/Custodian Services Volunteer Coordinating Asst Special Events and Projects
Grounds Maintenance Fundraiser Other _____

Are you interested in volunteering on a casual or regular basis? _____

Are you interested in participating only for special events? _____

Please indicate days and times that you are available to volunteer:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday
Morning _____ Afternoon _____ Evening _____

Why do you want to volunteer at Horses At Heart? _____

Do you have any prior experience working with horses? Please explain: _____

Do you have any questions or concerns related to the volunteer job you are interested in? _____

STUDENT INFORMATION: If you are volunteering to obtain required community involvement activity hours, please indicate the following:

Name of High School: _____

Mailing Address: _____

Current Grade Attended: _____ Numbers of Hours Required: _____

How did you hear about Horses At Heart? I'm a previous client Internet Referral Other

If referral, please specify referral name:

I hereby attest that the above information is true.

Applicant Signature

Date

Parent of Applicant Signature

Date

Manager of Volunteers Signature

Date