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www.horseswithouthumansrescue.org

## VOLUNTEER APPLICATION

Please **PRINT** all information. Thanks.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

St. Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone (     ) \_\_\_\_\_ If under age 18, date of birth \_\_\_\_\_

Email \_\_\_\_\_

Emergency contact name \_\_\_\_\_ Phone \_\_\_\_\_

How/where did you hear about Horses Without Humans? \_\_\_\_\_

Are you on Facebook? \_\_\_\_\_ Do you want to join the Horses Without Humans Facebook group? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please join the HWH Facebook page at <https://www.facebook.com/groups/2369378866455981>. You can click on invite and invite yourself.

### Volunteer Position Information:

Current or last occupation \_\_\_\_\_ Employer \_\_\_\_\_

Does your employer have a matching gifts program for donations to non-profit organizations? Yes No Don't know

Describe your level of experience with horses:

- \_\_\_\_\_ Beginner: New around equines. No experience, or comfortable riding at a walk.
- \_\_\_\_\_ Advanced Beginner: Some experience handling. Comfortable at a walk and trot, with some experience at faster gaits.
- \_\_\_\_\_ Intermediate: Can handle and ride equines that test a handler or rider. Comfortable at all gaits.
- \_\_\_\_\_ Advanced: Comfortable handling and riding difficult equines in various situations and environments.
- \_\_\_\_\_ Very advanced: Have previous experience training equines or experience handling green equines.

Do you own horses now? (circle) Yes No Have you owned horses in the past? Yes No How long ago? \_\_\_\_\_

Have you ridden in the past? Yes No Do you currently ride? Yes No If yes, how often? \_\_\_\_\_

What other skills can you contribute to the organization? (e.g. computer, writing, photography, marketing, social media, grant proposals, fundraising, management, data entry, training other volunteers, repairing fences, mowing)

\_\_\_\_\_  
\_\_\_\_\_

What days and times are you available? \_\_\_\_\_

\_\_\_\_\_

For your safety and the safety of those around you, we perform background checks on our volunteers. By signing below, you agree that you have not been convicted of a felony, that you authorize a background check and that all information you have provided in this application is true to the best of your knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Attached: Rules for volunteers\_\_\_ Photo & Image Release/Consent\_\_\_ Signed liability waiver\_\_\_ Picture of volunteer\_\_\_

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**For office use only**

Sent: Rules for volunteers\_\_\_ Photo & Image Release/Consent\_\_\_ Liability waiver\_\_\_ Requested picture of volunteer\_\_\_

Received: Rules for volunteers\_\_\_ Photo & Image Release/Consent\_\_\_ Liability waiver\_\_\_ Picture of volunteer\_\_\_

Added to: vol profile spreadsheet\_\_\_ vol hours\_\_\_ got picture & sent to media coordinator\_\_\_ posted pic in barn\_\_\_

added to HWH vols FB page\_\_\_ added to HWH FB page\_\_\_ sent vol Welcome letter & video links\_\_\_

scheduled orientation for \_\_\_\_\_ attended orientation \_\_\_\_\_