

# Volunteer Application

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

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Address: \_\_\_\_\_

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

E-mail: \_\_\_\_\_ Work# \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_ M/F

Place of work or school: \_\_\_\_\_ Grade: \_\_\_\_\_

Days available to volunteer \_\_\_\_\_ times: \_\_\_\_\_

Allergies: \_\_\_\_\_ Current Meds: \_\_\_\_\_

Reasons for volunteering: \_\_\_\_\_

What do you expect to gain from volunteering? \_\_\_\_\_

Where have you volunteered before?: \_\_\_\_\_

Are you currently volunteering someplace? \_\_\_\_\_

Where: \_\_\_\_\_ How often?: \_\_\_\_\_

Do you have any health or Physical restrictions?: \_\_\_\_\_

If so, What? \_\_\_\_\_

What animals do you have experience with?: \_\_\_\_\_

Are there any animals or activities you do not feel comfortable working with?: \_\_\_\_\_

Are you interested in therapeutic riding? \_\_\_\_\_

Lead walking? \_\_\_\_\_ Side Walking? \_\_\_\_\_

Are You comfortable in working with disabled persons? Y/N

How did you learn about our facility? \_\_\_\_\_

# Volunteer Application

**Mother/Guardian:** \_\_\_\_\_

**Place of Work:** \_\_\_\_\_

**Work Phone** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Father/Guardian:** \_\_\_\_\_

**Place of Work:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**In case of an emergency involving:** \_\_\_\_\_

(Volunteer's Name)

**and every attempt has been made to reach me** \_\_\_\_\_

(Name of Parent or Guardian)

\_\_\_\_\_, **I give my consent for**

**Serendipity Farm & Stables to transport** \_\_\_\_\_

(Volunteer's Name)

**to the nearest emergency facility for treatment.**

**I have read and agree to abide by all the volunteer and barn rules. I have also read and signed the volunteer liability waiver and agree to initial and date it each time I volunteer.**

Page 2

\_\_\_\_\_  
(Parent/Guardian)

\_\_\_\_\_  
(Name of Volunteer)

\_\_\_\_\_  
(Date)

## For Office Use Only

\_\_\_\_\_  
(General Liability Waiver Signed)

\_\_\_\_\_  
(Volunteer Liability Waiver Signed)

\_\_\_\_\_  
(Checked By)

\_\_\_\_\_  
(Date)

