



# Volunteer Equine Advocates

P O Box 112

Gallatin, TN 37066

Email: [veaemail@gmail.com](mailto:veaemail@gmail.com) \*\* Phone: 615-708-5607

[www.veatnhorserescue.org](http://www.veatnhorserescue.org)

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

## Volunteer Application

### Contact Information ~~ Please complete the whole form and print neatly

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

### Availability to Volunteer

During which hours are you available for volunteer assignments?

<input type="checkbox"/> Weekday mornings	<input type="checkbox"/> Weekend mornings	Days per week _____
<input type="checkbox"/> Weekday afternoons	<input type="checkbox"/> Weekend afternoons	Hours per week _____
<input type="checkbox"/> Weekday evenings	<input type="checkbox"/> Weekend evenings	Other _____

### Interests

Tell us in which areas you are interested in volunteering – some will require additional training\*

<input type="checkbox"/> Barn chores	<input type="checkbox"/> Education Programs*
<input type="checkbox"/> Feeding*	<input type="checkbox"/> Administration
<input type="checkbox"/> Horse care*	<input type="checkbox"/> PR/Fundraising
<input type="checkbox"/> Fundraising Events	<input type="checkbox"/> Booth at fairs/shows
<input type="checkbox"/> Handyman/maintenance	<input type="checkbox"/> Newsletter/Media
<input type="checkbox"/> Transport	<input type="checkbox"/> On Site Assistance*
<input type="checkbox"/> Horse training*	<input type="checkbox"/> Other

### Experience/skills/talents you have that you wish to share. Please include previous volunteer experience

Summarize special skills and qualifications you have acquired from employment or through other activities, including hobbies or sports. Summarize your previous volunteer experience.

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## Horse Experience

How many years of experience do you have:

Leading/grooming a horse \_\_\_\_\_

Providing basic hoof care/cleaning \_\_\_\_\_

Training on the ground \_\_\_\_\_

Starting a horse under saddle \_\_\_\_\_

Working with green horses \_\_\_\_\_

Working with unbroken horses \_\_\_\_\_

Riding well trained horses \_\_\_\_\_

Full care and/or maintenance of a horse \_\_\_\_\_

Please describe your horse experience, based on the areas you marked above:

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## Please provide the following emergency information:

Emergency Contact Name/Relation	Home Phone
Mobile Phone	Work Phone

Do you have any medical limitations or are you on any prescription medications?

Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please describe your conditions and how to help you in an emergency situation:

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## The following questions are for the safety of our volunteers, this information will remain confidential:

- 1) Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_
- 2) Have you even been convicted of a sexual offense? Yes \_\_\_\_\_ No \_\_\_\_\_
- 3) Have you ever been convicted of animal cruelty or neglect? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered Yes to any above, please explain:

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*By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.*

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

(Volunteer or parent/guardian if under 18)

**Volunteers under 18 May Not Start Volunteering without Parent/Guardian Signature**