



SEH Volunteer Application

Where Dreams Are Born and Hopes Are Raised

Contact Information

Name	
Parent/Guardian if under age18	
Street Address	
City ST ZIP Code	
Date of Birth	
Home Phone	
Cell Phone	
Work Phone	
E-Mail Address	
Occupation/Employer	

May we contact you at work? Yes _____ No _____

How did you hear about Serendipity equine Haven? _____

Describe your experience with horses. _____

Do you have any physical limitations? Describe _____

Availability

During which hours are you available for volunteer assignments?

___ Weekday mornings

___ Weekend mornings

___ Weekday afternoons

___ Weekend afternoons

___ Weekday evenings

___ Weekend evenings

Interests

Tell us in which areas you are interested in volunteering

Special Skills or Qualifications

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

Previous Volunteer Experience

Summarize your previous volunteer experience.

Person to Notify in Case of Emergency

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

Agreement and Signature

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.

Name (printed)	
Signature	
Parent/Guardian Name	
Parent/Guardian Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.