



**VOLUNTEER INTEREST**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address (PO Box/Street) \_\_\_\_\_

City, State, Zip \_\_\_\_\_

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

E-mail address \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone numbers \_\_\_\_\_

Do you have any medical or physical conditions that would affect your participation with ESS? Yes No

If yes, please explain: \_\_\_\_\_

Days and times that you are available to volunteer: \_\_\_\_\_

Best way to reach you / best time to call if by phone: \_\_\_\_\_

**MINORS: Parent/guardian must sign consent form.**

***Use reverse side of page for explanations on any of the following:***

**HORSE EXPERIENCE (Circle all that apply):**

None    some    novice    intermediate    advanced    breeder    trainer    other \_\_\_\_\_

Own horse/s	Owned a horse in the past	Have never been around horses	Comfortable around horses	Uncomfortable around horses
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Western    English    trail riding    jumping    4-H    Pony Club    basic handling    leading    grooming

Other (please specify and explain): \_\_\_\_\_

**MY INTERESTS (Circle all that apply):**

Today only	weekly visits	occasional/monthly visits
Supporter/donor	Fund raising	outreach/public relations
Basic:	Horse care and handling	grooming    cleaning stalls, grounds
Advanced:	Assisting with training	assisting with programs
Maintenance:	Fencing	facility repairs and upkeep

Other (please specify): \_\_\_\_\_

**How will your volunteer time help support the ESS mission statement?  
 Use reverse side for your answer or any additional information that you want to add.**

*Equine Spirit Sanctuary is a non-profit, volunteer-based healing center that believes in responsible horse care and ownership. ESS is dedicated to the safety and welfare of all equines. ESS, through equine rescue, rehabilitation, relocation or permanent retirement, along with education, promotes a healthy relationship between equines and humans.*