

**GENERAL INFORMATION** 

Dark Horse Rescue, Inc. (DHR) P.O. Box 781 Hernando, MS 38632 www.darkhorserescue.org

## **VOLUNTEER APPLICATION**

Name:			Date:				
Phone:		Email: ST: ZIP:					
Address:			City:		_ ST: ZIP:		
When can you sta							
Are you 18 years	of age or olde	er? 🔲 YE	S NO				
Have you ever ap	plied here be	fore? 🔲 🔌	res 🗌 no				
If yes, when?							
Have you ever vo	lunteered he	re in the pas	st? 🗌 YES [	NO			
Have you ever be	en convicted	of any law v	violation? (excl	ude minor tr	affic violation	ıs)	
Include any plea of	of "guilty" or	"no contest	." 🗌 YES 🗌	NO			
If yes, give detail:							
(A conviction will	not necessar	ily disqualify	y an applicant.)				
Driver's License N Have you had a d If yes, give details	river's license	e suspended	or revoked in	the last 3 yea	ars? 🗌 YES	NO NO	
ADDITIONAL INFO	our first, seco	:		<u>-</u>			
	_		diate Barn Chor				
= -			Admin/Office			•	
Feeding	Horse Train	ing Fu	undraising	] Transporta	tion of Horse	S	
Please indicate w	hich times du	iring the we	ek vou are avai	lable by ched	cking the app	onriate boxes:	
Please Note: Barr		•	•	-		•	
are flexible.				- p s.s))		poso	
Time of Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning (8-11 am)							
Mid Day (11 am – 3 pm)							
Afterno (2 C )		T					

Last Updated: 04/24/2011

## **Page Two Volunteer Application** 1. What would you like to accomplish by volunteering at DHR? \_\_\_\_\_ 2. Please describe your horse experience, if any: 3. What machines or equipment do you own/or operate that may be used in farm work or property maintenance? 4. Please describe any other special skills or talents you may have that would be helpful to DHR: **EMERGENCY CONTACT:** Name: \_\_ Relationship \_\_\_\_\_ PLEASE READ CAREFULLY BEFORE SIGNING I certify that all information provided in this volunteer application is true and complete. I understand that any false information or omission may disqualify me from further consideration, and may result in my dismissal as a volunteer if discovered at a later date. I authorize the investigation of any or all statements contained in this application. I I understand that I will not ride horses on DHR property at any time without the consent of a DHR

Director. If approval is obtained, a helmet will be required at all times when riding. I am responsible for

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

providing a helmet that fits securely and provides proper safety.

I have read, understand, and by my signature consent to these statements.

Last Updated: 04/24/2011