



## Klondike Farm Horse Sanctuary Volunteer Application

Complete Entire Form Accurately. You Must be at least 14 years old to volunteer unless accompanied by an adult. Date \_\_\_\_\_

Name:

Birth Date:

Address:

City, State, Zip Code:

Home Phone:

Mobile Phone:

Occupation:

E-mail Address:

Please fill in the days you are available, with the times you will be available.

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Other: \_\_\_\_\_

Volunteer Application

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

(1) Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_ If you selected Yes, please explain.

(2) Have you ever been convicted of a sexual offense? Yes \_\_\_\_\_ No \_\_\_\_\_ If you selected Yes, please explain.

(3) Have you ever been convicted of animal cruelty or neglect? Yes \_\_\_\_\_ No \_\_\_\_\_ If you have selected Yes, please explain.

Please complete the following questions about yourself and your experience with horses: How many years of experience do you have... Leading horses \_\_\_\_\_  
Grooming horses \_\_\_\_\_ Providing basic hoof care/cleaning \_\_\_\_\_ Training horses with ground work \_\_\_\_\_ Starting a horse under saddle \_\_\_\_\_  
Riding well trained horses \_\_\_\_\_ Riding "green" broke horses \_\_\_\_\_ Stall mucking \_\_\_\_\_

Providing medical assistance to horses \_\_\_\_\_ Full care and/or maintenance of a horse \_\_\_\_\_

Working with an average size horse \_\_\_\_\_ Working with a young horse (less than 1 yr.) \_\_\_\_\_

Working with a draft type horses \_\_\_\_\_ Working with a wild mustang \_\_\_\_\_

Please describe your horse experience, based on the year of experience that you have marked above:

Please describe any other experiences or talents that you would like to let us know about:

\*Don't worry if you have little of no experience with horses, we have training available for our volunteers!\*

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 alert us to how to help you in an emergency situations:

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I understand that by signing this application, I am applying to volunteer at Klondike Farm Horse Rescue and understand that for any reason my application may be denied. I also understand that the information I've provided may be used to request a background check, including criminal records to verify personal information. By signing this application I am verifying that all information I've provided is accurate.

Signature:

Date:

Parent / Guardian Signature (If Under 18 yrs.):

Date: