

DREAMCATCHER HORSE RANCH

RESCUE CENTER INC.



10627 Toad Road, Clermont, FL 34715

Adult Volunteer Application

PLEASE NOTE: This document is for reference **only** to assist you in gathering the information you need in order to fill out the application. This application must be mailed to or emailed to DreamCatcher Horse Ranch Rescue Center, Inc. in order to be processed and considered before you will be allowed to volunteer at the rescue. Thank you for your cooperation.

1. How did you hear about DCHR?

2. Please provide us with your contact information:

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

3. Is it okay to contact you at work? **Yes/No**

4. What skills do you wish to offer LCR? (Select ALL that apply.)

Equine Technician Horsemanship Horse Training/Handling (**Requires separate application.*) Feeding & Barn Chores
 Dog & Kennel Work Dog Training/Handling Farm Maintenance Office Work Receptionist Fundraising
 Education Public Speaking Public Relations Other (*Please in Comments Box below.*)

Additional Comments:

5. Why do you want to volunteer?

6. What do you expect to get out of volunteering for DCHR?

7. What days and times are you available?

8. Please provide us with Emergency Contact information:

Contact's Name: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

9. What is your Occupation?

10. What is your Date of Birth?

11. Do you have any special conditions, limitations, or medications that DCHR should be aware of such as asthma, bee allergies, heart conditions, etc.? (If YES, please explain.)

12. Do you have any psychological issues that DCHR should be made aware of? (If YES, please explain.)

13. Do you have a current Tetanus Vaccine (required)? **Yes/No**

14. Do you have any additional vaccines relevant to animal work? **Yes/No** If yes, please list.

15. Have you ever been convicted of a crime? **Yes/No** If yes, please explain:

16. Have you ever had a PFA against you? **Yes/No** If yes, please explain:

17. Have you ever been convicted of sexual offenses? **Yes/No** If yes, please explain:

18. Have you ever been convicted of animal cruelty? **Yes/No** If yes, please explain:

19. Do you authorize DCHR to run a background check on you? **Yes/No**

20. If yes, please provide the following information for a background check:

Driver's License No.: _____ Social Security No.: _____

21. Please list ALL current and other pets you have owned in the past (including deceased pets and pets that are no longer in your care). Include type of pet, pet's name, and if no longer owned, what happened to them.

22. Have you ever had to take an animal to a shelter? **Yes/No** If yes, please explain:

23. If you have a current vet, we will need a reference: Vet's Name: Street Address: City: State: Zip Code: Phone Number: Name on the Account: How long have you been a client of this vet?

24. Please provide **THREE** personal references **not related to you** (i.e., employer, clergyman, local animal welfare group, other volunteer organization, Humane agency personnel).

Reference Name #1: _____ Phone Number: _____

Reference Name #2: _____ Phone Number: _____

Reference Name #3: _____ Phone Number: _____

25. Please provide any additional information about yourself, your family, and the reasons you would like to volunteer that you would like DCHR to know:

26. I understand that if I am approved as a volunteer, I must sign the *DCHR Acknowledgement of Confidentiality* form and the *DCHR Participant Agreement* (available on the DCHR website) before I can start any volunteer work. **Yes/No**

27. I certify that I have read the *DCHR Rules & Regulations* (available on the DCHR website). **Yes/No**

28. I certify that the above information is true and accurate to the best of my knowledge and that any misleading or false information contained in this application could lead to my dismissal. **Yes/No**

Date: _____

Signature:
