

DREAMCATCHER HORSE RANCH

RESCUE CENTER INC.



10639 Toad Road, Clermont, FL 34715

Junior 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: _____ Cell Phone: _____ Email Address: _____

3. What is your Date of Birth: _____

4. Do you currently own a horse? **Yes/No**

5. How many years of horse experience do you have (if any)?

6. Do you know how to:

Properly lead a horse?

Groom a horse?

Ride English Style

Ride Western Style

Ride Other Style

Identify breeds?

Distinguish colors/markings?

Tack up a horse?

Label parts of saddle/bridle?

7. Please provide any additional information about your skills and experience with any kind of animals.

8. What other hobbies do you have (not animal-related)?

9. Why do you want to volunteer at DCHR?

10. What do you expect to get out of volunteering at DCHR?

11. What are some activities that you would like to experience with the DCHR Junior Volunteer Club?

12. Do you have any special conditions, limitations, or medications that DCHR should be aware of (*i.e.*, asthma, bee allergies, etc.)? If YES, please explain. **Yes/No**

13. You are **required** to have a Tetanus Vaccine. Please indicate the date of your last vaccine:

14. Please provide us with contact information for your Parent or Legal Guardian:

Parent/Legal Guardian Name:

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

Email Address: _____

15. DCHR does NOT guarantee your safety. I understand that my parent/legal guardian and I must read and sign the *DCHR Participant Agreement, Release, and Acknowledgement of Risk* (available on the DCHR website) before I can begin any volunteer activities at DCHR. **Yes/No**

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

17. 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:
