



## 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: Today's Date- \_\_\_\_/\_\_\_\_/\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

3. What skills do you wish to offer DCHR? (Select ALL that apply.)

\_\_\_\_ Feeding & Barn Chores \_\_\_\_ Farm cleanup \_\_\_\_ English Riding \_\_\_\_ Western Riding \_\_\_\_ Trail Riding

\_\_\_\_ Special Needs Riding \_\_\_\_ Horse Grooming \_\_\_\_ Assist with Parties \_\_\_\_ Assist with Summer camp

\_\_\_\_ Assist with Groups \_\_\_\_ Assist with Fundraisers \_\_\_\_ Assist with Pony Rides \_\_\_\_ Riding lessons

\_\_\_\_ Farm Maintenance \_\_\_\_ Carpenter \_\_\_\_ Plumbing \_\_\_\_ Electrician \_\_\_\_ Mechanic \_\_\_\_ Office Work

\_\_\_\_ Fundraising \_\_\_\_ Grant writing \_\_\_\_ Public outings \_\_\_\_

Other (please explain below.)

Additional Comments:

4. Please list advanced horse/farm skills if more than listed in number 3. (if applicable)

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: \_\_\_\_\_



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9. What is your Occupation?

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

11. Do you have any psychological issues that DCHR should be made aware of? **Yes/No** (If YES, please explain.)

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

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

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

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

16. Please list ALL current and other horses you have owned in the past (including deceased horses and horses that are no longer in your care). Include horses name, and if no longer owned, what happened to them.

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

18. 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: \_\_\_\_\_

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

20. I understand that if I am approved as a volunteer, I must sign the DCHR equine waiver (available on the DCHR website) before I can start any volunteer work. **Yes/No**

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

22. 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: \_\_\_\_\_