

Montana Horse Sanctuary Volunteer Information Form

Dear New Volunteer,

Please complete the following as completely as possible. This will help us match your talents and abilities with the projects and tasks we need help with.

PLEASE PRINT CLEARLY

Name _____ Address _____

City _____ State _____ Zip _____

Phone – home _____ office _____ cell _____

E-mail _____

Please check the projects you would be interested in working on

Horse care, grooming _____ Horse rehabilitation _____ Cleaning up after horses _____

Clerical work _____ Database work _____ Fundraising _____

Grant writing _____ Public Outreach _____ Publicity _____

Facility maintenance _____ Construction _____ Clothing sales _____

Other (please specify) _____

Do you prefer: outdoor work? _____ Indoor work? _____ Either _____

If you have any physical limitations that may hinder your capabilities as a volunteer, please list:

If you are interested in working with horses, please complete this section: (please note: previous experience with horses is not a requirement of volunteers.)

Horse Experience – please describe:

Years of horse experience _____ Are you a beginner, intermediate or advanced horse person? _____

Are you willing to participate in our volunteer Safety with Horses Training? _____

What days would you like to work? _____ What hours? _____

How many hours per week would you like to volunteer? _____ Or, do you prefer to work sporadically? _____

Have you ever volunteered with a non-profit before? _____ If yes, please specify _____

Have you ever been convicted of a felony? If yes, please describe: _____

May we run a background check on you? _____

I certify that the information given is true and correct

Signature _____ Date _____

Office use only: Entered in database of volunteers _____ Has completed horse safety training _____
