

Volunteer Application

Name:				DOB:	
Phone:	Email:				
Do you have any	equestrian or ani	mal husbandry exper	rience; if so please	list:	
Are you trained in	n CPR and/or Firs	st Aid? Yes or No			
Do you have a PA	A Child Welfare (Clearence? Yes or No	0		
Which of the follo	owing areas woul	d you be interested i	n training and wor	king (check):	
Grooming	Bathing	Rolling the M	I ane	Blanketing	
Loading/Unloa	ading Horses	Trailering	Hitching	Harnessing	
Carriage Drivi	ng	Leading	Riding	Training	
Feeding	Mucking	Animal Care	Care Medicating Farm Animals		
Please assign 1	ne where Horseti	que Farms feels I wo	ould be of best serv	vice.	
Sign:				Date:	

(Parent signature, if under 18 years of age)