Namaste Equine Rescue LTD

Volunteer Application

Please complete this application form if you are interesting in becoming a Namaste Equine Rescue volunteer.

Contact Information First Name:	Ation Last Name:							
Address:								
City, State, Zip:								
ome Phone: Cell Phone:								
Email Address:								
	Age:				Gender:			
Emergency Contact In the event of an emergency, wh First Name:			•	Last Na	ame: _			
Address:								
City, State, Zip:								
Home Phone: Cell Phone:								
Relationship:								
•	uestion Vamast	2.						
Last Name:					Last Name:			
Home Phone:					Home Phone:			
Cell Phone:					Cell Phone:			
Email Address:					Email Address:			
Relationship:					Relationship:			
Availability Tell us when you are available to	voluntee	er.						
Sun Morning: □ Afternoon: □						Sat		
Evening:								
Number of hours I would like to	work per	week:						

What type of Volunteer Work are you interested in? Please CIRCLE one or all that apply to you. Equine Care Grounds keeping Carpentry Mechanical Animal Health Other (Please list) Please describe your strengths: Please CIRCLE the experience level that best describes your ability to work with equines: Beginner Intermediate Advanced **Expert** Please describe in length/type of experience with equines: **Volunteer Experience** Please tell us about your past volunteering experience. **Physical Labor** Volunteering may include strenuous physical labor or lifting heavy objects. If you have any physical condition(s) which would limit such activities, please list them here: **Insurance** Do you have health insurance: How did you hear about Namaste Equine Rescue? At an event Friend or Family **Internet Search** Newspaper/TV/Radio Other Other Information Please share any additional information you would like us to know: