



Name: _____ Date: _____

Address: _____

City, State, Zip: _____

Primary Phone Number (please indicate cell, home or work): _____

Alternate Phone Number (please indicate cell, home or work): _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Age: _____

Date of Birth: _____

Do you have your own transportation? _____

Volunteer hours are 10:00 a.m. to 5:00 p.m., 7 days a week. What days are you available to volunteer: _____

_____ Hours you are available _____

Do you have experience with horses? Please tell us about it. _____

Have you ever volunteered with another horse rescue? If yes, which one and for how long

Do you currently own any horses? _____

If Yes, What discipline(s) do you ride? _____

What are you interested in doing as a volunteer? _____

Do you have and physical or mental problems that must be considered while participating in this activity? Yes ___ No ___ If so please explain _____

Please provide the names and phone numbers of three references, and let us know how you know them. _____

Our lunch hour is from 12-1p.m. Bring a packed lunch and plenty to drink. We do have a refrigerator and microwave on site.

Dress Code: Must have closed heel/toed shoes, no clogs we recommend rubber boots. No shorts and any tank tops must be modest. **If you do not have a helmet you will not be allowed to ride at the All Breed Equine Rez-Q.**

Volunteers must practice a positive horse centered attitude, and not a me-centered one. Our mission is to provide a loving, healthy environment for these rescued horses, which can only be accomplished with a TEAM EFFORT and RECOGNITION OF AUTHORITY. We would love to have you as volunteer and share the human/horse connection!!

All applications for volunteer opportunities will be updated yearly. Applications need to be resubmitted or updated when any portions or information changes. Information submitted for volunteer opportunities will be confidential and will only be shared with All Breed's Board and Staff representatives responsible for volunteer review and selection.

Volunteer signature

Date

All Breed Equine Rez-Q's Representative

Date

WARNING: ALL ACTIVITIES INVOLVING HORSES, DONKEYS, MULES OR PONIES HAVE INHERENT RISKS FOR PARTICIPANTS. WASHINGTON STATE LAW PROTECTS OPERATORS, OWNERS, TRAINERS, PROMOTERS AND OTHERS FROM LIABILITY FOR INJURIES WHICH ARE THE RESULT OF AN EQUINE ANIMALS BEHAVIOR. USE THESE FACILITIES AT YOUR OWN RISK. RCW 4.24.530 OF WASHINGTON STATE.