



Indiana Horse Rescue
 THE EQUINE DIVISION OF
Animal Protection Coalition, Inc.
 A 501(c)3 NON PROFIT ORGANIZATION

Volunteer Application

Please complete the whole form and print neatly.

Date _____

Name	Birth Date
Address	City, State, Zip Code
Home Phone	Work Phone
Mobile Phone	Occupation
E-mail Address	Web Site

Please fill in the blanks under the days you are available, with the times you will be available.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

Other: _____

The following questions are for the safety of our staff and other volunteers, this information will remain confidential:

(1) Have you ever been convicted of a felony? Yes _____ No _____

If you selected Yes, please explain.

(2) Have you ever been convicted of a sexual offense? Yes _____ No _____

If you selected Yes, please explain.

(3) Have you ever been convicted of animal cruelty or neglect? Yes _____ No _____

If you have selected Yes, please explain.

Please complete the following questions about yourself and your experience with horses:

How many years of experience do you have...

Leading horses _____ Grooming horses _____ Providing basic hoof care/cleaning _____

Training horses with ground work _____ Starting a horse under saddle _____

Riding well trained horses _____ Riding "green" broke horses _____ Stall mucking _____

Providing medical assistance to horses _____ Full care and/or maintenance of a horse _____

Working with an average size horse _____ Working with a young horse (*less than 1 yr.*) _____

Working with a draft type horses _____ Working with a wild mustang _____

Please describe your horse experience, based on the year of experience that you have marked above:

Please describe any other experiences or talents that you would like to let us know about:

****Don't worry if you have little of no experience with horses, we have training available for our volunteers!****

Please provide the following emergency information:

Emergency Contact Name / Relation	Home Phone
Mobile Phone	Work Phone

Do you have any medical limitations or are you on any prescription medications? Yes _____ No _____
If Yes, please describe your conditions and alert us to how to help you in an emergency situations:

I understand that by signing this application, I am applying to volunteer at APC/ Indiana Horse Rescue and understand that for any reason my application may be denied. I also understand that the information I've provided may be used to request a background check, including criminal records to verify personal information. By signing this application I am verifying that all information I've provided is accurate.

Signature	Date
Parent / Guardian Signature (If Under 18 yrs.)	Date