

Equine Voices Rescue & Sanctuary, Inc.

@ Jumpin' Jack Ranch

VOLUNTEER INFORMATION FORM

Name of Volunteer: _____

Address: _____

Phone: _____ Alternate Phone: _____

E-Mail: _____ Occupation: _____

How Did You Hear About Us? _____

Area of Interest: _____ (Horse Care) _____ (Barn Duties) _____ (Outside Work)
_____ (Office Help) _____ (Outreach) _____ (Fundraising)

Do You Have Horse Experience? _____ (Yes) _____ (No)

If Yes, How Experienced Are you? _____ (Beginner) _____ (Intermediate) _____ (Advanced)

Do You Have Your Own Horse? _____ (Yes) _____ (No) If So, How Long? _____ (Years)

Have You Volunteered For An Animal Sanctuary Before? _____ (Yes) _____ (No)

Where? _____

How Long? _____

What Did You Do? _____

What Would You Like To Gain From Volunteering at *Equine Voices Rescue & Sanctuary*?

Anything Else You Would Like To Share:
