
# VOLUNTEER FORM

Name _____ Date _____

Address _____ Emergency contact name _____

_____ Emergency contact phone _____

Phone _____ Email _____

**Please answer the questions below.

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How did you learn about us? _____

Are you less than 18 years of age? ☐ Yes ☐ No

<u>Volunteers 18 years of age or older must complete the following:</u>

Have you ever been convicted of a felony? ☐ Yes ☐ No

Have you ever been convicted of a sexual offense? ☐ Yes ☐ No

Have you ever been convicted of animal cruelty? ☐ Yes ☐ No

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Days Available: Check all that apply

- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday
- ☐ Saturday
- ☐ Sunday

Please tell us what time you can come in each day (from when to when).

Tell us a little about yourself, why you want to volunteer at BraveHearts Equine Center, and what you think you can offer the Center.

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Qualifications/Experience:

Please explain the qualifications or experience you have, or let us know which tasks you would like to learn.

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Signature _____