Performance Standardbreds





Please complete form and e-mail to sunbergkathy@gmail.com

All volunteers must be 18 years of age or older. Written permission is required for anyone under the age of 18 by their parent and/or guardian and submitted with application.

Contact Information	
Name	
Street Address	
City/Prov. Postal Code	
Home Phone	
Work Phone	
E-Mail Address	
A.F.E.#	
	y or within the vicinity of horses are required to have a valid AFE number.
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Availability	
-	
During which hours are you a	available for volunteer assignments?
Weekday mornings	Weekend mornings
Weekday afternoons	Weekend afternoons
Weekday evenings	Weekend evenings
<u></u>	
Interests	
Tell us in which areas you are	e interested in volunteering
Tell do ili Willon diedo you di	o interested in volunteering
Administration (Newslett	er, personal stories, mail-outs, communication)
Events (Organize or assi	st in planning shows & clinics, updates, coordinate volunteers)
Promoting the Placemen	t Program and versatility of the Standardbred (Booth, shows, organizing
events)	
Fundraising (Horse show memberships)	prizes, sponsorship, raffles, track information dates, organize activities,
Transporting Horses (Fo	oster homes and/ or adoptive homes)
Fostering Performance S	Standardbreds Horses (caring for the horses while awaiting placement)
Training and Assisting (C	Groundwork assistance, grooming, retraining or continue saddle and/or
driving of the foster horse	e)
Volunteer coordination	
Photography (Events, Cl	inic and/or Placement Program Horses)
Summarize your experience	in the area of interest

Special Skills or Qualifications Summarize your equine related skills and activities Previous Volunteer Experience Summarize your previous volunteer experience.		
Previous Volunteer Experience		
	Summarize your equine relat	ted skills and activities
	Previous Volunteer Expe	erience
	Cammania your provided to	
	Person to Notify in Case	e of Emergency
Person to Notify in Case of Emergency	Nome	
Name		
Name Street Address	•	
Name Street Address City/ Prov. Postal Code		
Name Street Address City/ Prov. Postal Code Home Phone		
Name Street Address City/ Prov. Postal Code Home Phone Work Phone	E-Mail Address	
Name Street Address City/ Prov. Postal Code Home Phone		
Name Street Address City/ Prov. Postal Code Home Phone Work Phone	Agreement and Signatur	re
Name Street Address City/ Prov. Postal Code Home Phone Work Phone	that if I am accepted as a vol	lunteer, any false statements, omissions, or other misrepresentations
Name Street Address City/ Prov. Postal Code Home Phone Work Phone E-Mail Address	Name (printed)	
Name Street Address City/ Prov. Postal Code Home Phone Work Phone E-Mail Address Agreement and Signature By submitting this application, I affirm that the facts set forth in it are true and complete. I understan that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.		
Name Street Address City/ Prov. Postal Code Home Phone Work Phone E-Mail Address Agreement and Signature By submitting this application, I affirm that the facts set forth in it are true and complete. I understanthat if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. Name (printed)	Signature	
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