



## Volunteer Application

31283 Old Cabin Road • Laurel, De 19956 • 302-339-5065

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### How did you learn about volunteering at CFERD?

- Advertisement in local paper
- Website/Online search
- Flyer
- Friend
- Other: \_\_\_\_\_

**Volunteers under 18 must be accompanied by a parent/legal guardian throughout the volunteer shift.**

Parent/legal guardian: \_\_\_\_\_

1<sup>st</sup> phone: \_\_\_\_\_ (cell/work/home) 2<sup>nd</sup> phone: \_\_\_\_\_ (cell/work/home)

### Days available to volunteer [check all that apply]:

- Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

Date Available to Start: \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_

### Horse related experience/skills/interests [check all that apply]:

- Grooming  Leading  Mucking Stalls/Run ins  Training  Lunging  Riding
- Trailing  Driving  Long Reining  Administering Shots
- Farrier  Veterinarian  Other: \_\_\_\_\_

**In the room provided, please describe your most recent horse experience:**

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**In the room provided below, tell us why you want to at CFERD:**

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I understand that when on the premises of Changing Fates Equine Rescue of Delaware, Inc. or any sponsored event, I must abide by the guidance of the Volunteer Coordinator, Senior Volunteers and/or members of the Board of Directors and follow all safety guidelines.

Volunteer Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that I must accompany the Volunteer Applicant for his/her entire shift.

**Parent/Guardian Signature (if under 18):** \_\_\_\_\_ Date: \_\_\_\_\_

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