

VOLUNTEER APPLICATION

Today's Date: _____

Name: _____

Address: _____

Email: _____ Phone: _____ Age: _____

Do you have experience with horses? Yes _____ No _____

If yes, please tell us about your experience.

What team (s) would you like to join? Do you have experience on these teams? (i.e. Daily Care, Fundraising, Finance, Building, helping to put together our new equine assisted therapy team):

Are you willing to sign a Volunteer Waiver and Confidentiality Agreement? Yes _____ No _____

Can you maintain a consistent week to week schedule or does your availability vary? (this helps us with feed and maintenance schedules) _____

What days and times are you available to volunteer?

Anything else you would like to add?:

Day Dreams Farm Equine Rescue and Rehabilitation
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