

Sixteen Hands Horse Sanctuary

VOLUNTEER APPLICATION

Please consider carefully before filling out this application if you have the time to devote to volunteering; as the horses at Sixteen-Hands rely on your help.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Work Phone: _____ Cell Phone: _____

Email Address: _____

Reliable transportation? Car / Truck (Please circle) willing to make pickups/deliveries? Yes / No

Have you ever been convicted of a felony? If yes, please explain: _____

Please put an 'X' in front of the areas you would like to volunteer your time or and/or services.

_____ Caring for the horses- this includes picking pastures, exercising grooming, and feedings at various times.

_____ Fundraising and other events off property

_____ Fence maintenance / repair

_____ Pasture Maintenance; mowing, weed whipping etc

_____ Equipment Repair (mowers, tractors, etc.)

_____ Other; please describe _____

If you are interested in handling the horses please describe your experience; below that explain where you have gained the experience.

1.

Name of facility: _____

Work performed: _____

Phone or Email to contact them: _____

2.

Name of facility: _____

Work performed: _____

Phone or Email to contact them: _____

How did you hear about Sixteen-Hands? _____

Why would you like to be a volunteer at Sixteen-Hands? _____

Commitment and responsibility are what make the running of Sixteen-Hands a success and we count on our volunteers to provide that.

Sixteen-Hands requires a minimum of 3 hours per week for all volunteers working directly with the horses; with a commitment to the same time and day each week. If you just want to come and clean pastures and stalls there are no time requirements.

Please put the times you are available in the space next to the day(s) you would like to volunteer.

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____ Sunday _____

What are your expectations of volunteering at SHHS? _____

Allergies (pollen, hay-fever, bee stings, ants, etc) Please note that it is your responsibility to always bring any necessary medications (i.e. Epi-Pen for stings, inhaler etc.) _____

In accepting a volunteer position at SHHS you agree:

- You give SHHS permission to use any and all pictures of you while in service to SHHS to be used to promote the mission of SHHS .
- That any questions you may have about the welfare of the animals or your role here will immediately be posed to your supervisor.
- To adhere to ANY and ALL rules put forth by the SHHS staff, and to use your best judgment at all times;
- That in the event you are unable to perform your scheduled shift, you will give us the courtesy of a 24 hours notice.

Signature: _____ Date: _____

PLEASE SUBMIT TO:

Sixteen Hands Horse Sanctuary, PO Box 224, Myakka City Fl 34251 Phone: 941-228-5441