



VOLUNTEERING AT Sundance Horse Rescue, Inc.

Who can Volunteer?

- Volunteers must be at least 18 years of age. Minors 14 and older may volunteer with a parent or guardian in attendance.
- We accept volunteers of all experience levels.
- All volunteers must have health insurance.
- We also welcome volunteers with experience including gardening, fence and building maintenance, clean-up and building of horse paddocks and pastures, equipment and supplies procurement and maintenance, administrative assistance, event planning and fundraising.
- Barn/Horse volunteers must be in good physical condition and able to lift 15 lbs.

The following information may be verified, and I give permission for inquiry to be made as to my suitability to be a volunteer at SHR.

Today's Date: _____ Name: _____

Have you worked or attended school under any other names? Yes No

If yes, give names: _____

Date of Birth: _____ Driver's License No: _____

Have you had a driver's license suspended or revoked in the last 3 years?

If yes, give details: _____

Address: _____ City: _____ State: _____ Zip: _____

Mobile Phone: _____ Home Phone: _____ Work Phone: _____

Email Address: _____

Health insurance provider _____ Policy No: _____

Place of Employment or School: _____: Address: _____

Spouse/Partner: _____

Spouse/Partner's Place of Employment or School: _____

Have you ever been fired from a job or asked to resign? Yes No

If yes, please explain: _____



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Have you ever been convicted of a criminal offense? Yes No
If yes, When? _____ Where? _____ Please explain: _____

(A conviction will not necessarily disqualify an applicant.)

VOLUNTEER SHIFTS:

Volunteer shifts vary between 2-4 hours between 9a-6p. During your phone interview, you will discuss which day(s)/shift(s) are most convenient for you and we will match you up with an appropriate senior volunteer.

Please indicate how often you are available to volunteer:

Every week: Twice a week: Twice a month: Other: _____

ADDITIONAL INFORMATION: Check any of the following statements that apply to you:

I need Community Service hours, Name of School/Organization: _____

Number of hours needed: _____ Completion Date: _____

I work for/with a business or a state/federal agency that supports nonprofit work.

I would be willing to post flyers or arrange for a SHR representative to make a presentation.

Name of business/agency: _____

I would like to receive information about horsemanship clinics, trainings, summer camps, and other education opportunities and programs offered through SHR. Other: _____

1. How did you hear about us? What motivates you most to seek a volunteer position at SHR? _____

2. What have you enjoyed most about your previous volunteer work? _____

3. What have you enjoyed the least about your previous volunteer work? _____

4. I own/previously owned a horse. When? _____ How long? _____

5. Please describe your horse experience, if any: _____

Sundance Horse Rescue, Inc.

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6. Please describe any special skills or talents you may have that would be helpful to SHR: _____

7. Describe any physical limitations that may affect your ability to perform certain tasks: _____

REFERENCES: Give three references (not relatives):

1. Name: _____ Phone Number: _____
Address: _____
Relationship: _____

2. Name: _____ Phone Number: _____
Address: _____
Relationship: _____

3. Name: _____ Phone Number: _____
Address: _____
Relationship: _____

PLEASE READ CAREFULLY BEFORE SIGNING

I certify that all information provided in this volunteer application is true and complete. I understand that any false information or omission may disqualify me from further consideration, and may result in my dismissal if discovered at a later date. I authorize the investigation of any or all statements contained in this application. I also authorize, where listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a recruitment decision. I release such persons and organizations from any legal liability in making such statements. I hereby consent to a pre-and/or post-volunteering drug screen as a condition of volunteering, if required.

I UNDERSTAND THAT THIS APPLICATION OR VERBAL STATEMENTS BY MANAGEMENT DO NOT CREATE AN EXPRESSED OR IMPLIED CONTRACT OF VOLUNTEERING NOR GUARANTEE A VOLUNTEER POSITION FOR ANY DEFINITE PERIOD OF TIME. I UNDERSTAND THAT I HAVE BEEN RECRUITED AS A VOLUNTEER AT THE WILL OF SHR AND MAY BE DISMISSED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Signature: _____ Date: _____

Revised 1/1/2022