

# SERRA

# VOLUNTEER APPLICATION FORM

Please provide the information requested below:

First Name\*

Last Name \*

Phone Number

Date of Birth \*

Email \*

Have you worked or attended school under any other names? \*

If yes, provide names:

Drivers License Number

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

Yes

If yes, provide details:

Home Address\*

City

State/Province

ZIP/Postal Code

Country

United States

Work or School Name \*

Work or School \* Address

City

State/Province

ZIP/Postal Code

Country

United States

Health Insurance Provider \*

Policy Number \*

Spouse/Partner

Spouse/Partner Place of Employment

Have you ever been fired from a job or asked to resign? \*

Yes

If yes, please explain:

Have you ever been convicted of a criminal offense? (A conviction will not necessarily disqualify an applicant.) \*

Yes

If yes, please explain when, where, and what offense:

## Volunteer Shifts

Volunteer shifts are 4 hours between 9AM-5PM. 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

If other, please explain:

## Additional Information

Check any of the following statements that apply to you.

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I need Community Service hours.

Yes

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.

Yes

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

Yes

Name of business/agency

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

Yes

1. How did you hear about us? What motivates you most to seek a volunteer position at SERRA? \*

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. \*

Yes

If yes, please provide the following: When? For how long? Tell us a little about them.

5. Please describe your horse experience, if any: \*

6. Please describe any special skills or talents you may have that would be helpful to SERRA: \*

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

Please provide three references (not relatives)

Reference #1

First & Last Name \*

Relationship \*

Phone Number \*

Email Address

Reference #2

First and Last Name \*

Relationship \*

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Phone Number \*

Email Address

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## Reference # 3

First and Last Name \*

Relationship \*

Phone Number \*

Email Address\*

I confirm all the information entered above is accurate and current.

Signature

Date

**Please save your completed form with your first and last name and email to: [serraequinerescue1@gmail.com](mailto:serraequinerescue1@gmail.com)**

