



Last Name: _____

First Name: _____

Days End Farm Horse Rescue, Inc.
1372 Woodbine Road, P.O. Box 309
Lisbon, MD 21765
Phone: 301-854-5037 * Fax: 301-854-5146
info@defhr.org * www.defhr.org

For office use only:

- _____ Attended WELD
- _____ Created online scheduler acct
- _____ WELD follow-up email
- _____ Attended Horse Handling
- _____ Attended Barn Chores
- _____ Scheduling email
- _____ Entered into database

Volunteer Application

****PLEASE PRINT****

Volunteer Name: _____ **Birth Date:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

1st Phone: _____ **(cell-home-work) 2nd Phone:** _____ **(cell-home-work)**

Email address: _____

Occupation: _____ **School:** _____

FOR VOLUNTEERS UNDER AGE 18

Parent/Legal Guardian Name: _____

Relationship to volunteer applicant: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

1st Phone: _____ **(cell-home-work) 2nd Phone:** _____ **(cell-home-work)**

Email address: _____

ARE YOU INTERESTED IN JOINING "VOLUNTEERS AT DAYS END FARM" FACEBOOK GROUP? _____

(If yes, you will be invited via the email address given above)

WHICH AREAS WOULD YOU ENJOY PARTICIPATING IN MOST:

No Experience Necessary:

_____ Barn chores/Horse care Team

_____ Office/Administrative Team

_____ Education Team

_____ Volunteer Mentor Team

_____ Fundraising Team

_____ Special Events Team

_____ Booth Ambassadors Team

Experience Necessary:

_____ Farm Operations Team

_____ Grants Team

_____ IT Team

_____ Training Team

_____ Tink's Tack Team

**Above positions may require evaluation & interview

Training is available for ALL volunteer opportunities

Last Name: _____

First Name: _____

AVAILABILITY TO VOLUNTEER AT MAIN FARM LOCATED IN WOODBINE:

Mon _____ Tue _____ Wed _____ Thu _____ Fri _____ Sat _____ Sun _____

AVAILABILITY TO VOLUNTEER AT DE2 LOCATED IN ROHRERSVILLE:

Mon _____ Tue _____ Wed _____ Thu _____ Fri _____ Sat _____ Sun _____

How did you hear about us? _____

Why do you want to volunteer at DEFHR? _____

Have you ever done volunteer work before? Where? How long? _____

HORSE EXPERIENCE:

Number of years working with horses:

Leading/grooming _____ Training on the ground _____ Training under saddle _____ Stall mucking _____

With green horses _____ With unbroken horses _____ Full care/maintenance of a horse _____

Describe your horse experience:

ADDITIONAL EXPERIENCE/SKILLS YOU HAVE THAT YOU WISH TO SHARE WITH DAYS END FARM?

IF YOU ARE OVER 18, PLEASE COMPLETE THE FOLLOWING:

These questions are being asked for the protection of our staff and volunteers

Have you ever been convicted of a felony? _____

Have you ever been convicted of sexual offences? _____

Have you ever been convicted of animal cruelty? _____

MUST CONTAIN ORIGINAL SIGNATURE:

Signature: _____ Date: _____

(volunteer or parent/guardian if under 18)

Volunteers under 18 May Not Start Volunteering without Parent/Guardian Signature