



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 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:** _____

Cell Phone: _____ **Home Phone:** _____ **Work Phone:** _____

Email address: _____

Please assist us in grant funding by supplying the following information:

Occupation: _____ **Employer:** _____

If self-employed, Name of Business: _____

Employer/Business Website: _____

If attending school, Name of School/College/University: _____

FOR VOLUNTEERS UNDER AGE 18

Parent/Legal Guardian Name: _____

Relationship to volunteer applicant: _____

Address: _____

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

Cell Phone: _____ **Home Phone:** _____ **Work Phone:** _____

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)

ARE YOU ENROLLED IN A DEFHR SUMMER LEGACY YOUTH PROGRAM? _____

Last Name: _____

First Name: _____

WHICH AREAS WOULD YOU ENJOY PARTICIPATING IN MOST:

No Experience Necessary:

_____ Barn chores/Horse Care

_____ Office/Administrative

_____ Education

_____ Tink's Tack

_____ Special Events

_____ Booth Representative

Experience Necessary:

_____ Farm Operations

_____ Grants

_____ IT

*Training is available for ALL volunteer opportunities

How did you hear about us? _____

Why do you want to volunteer at DEFHR? _____

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

DESCRIBE YOUR HORSE EXPERIENCE:

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