

EAS VOLUNTEER APPLICATION

Please print legibly

Name	DOB		
Preferred Pronouns	Height	(5	Side Helpers Restrictions)
Address		Zip	County
Phone Email			
Employer or School:	Title/Depa	artment:	
If Minor:			
Name Parent/Guardian	Relations	hip	
PhoneEmail			
**Volunteers MUST be Experienced Horseperson: Yes No Please descr riding, discipline and whether or not you are curr	ibe your expe	rience inclu	uding number of years
I am interested in the following volunteer opportu □ Weekly Riding Lessons Daytime □ Side Helper □ Horse Leader □ Barn Chores □ Office/Administrative Have you ever been charged with or convicted o Yes No If yes, please give place, date, an	□ Weekly Ri□ Groom□ Eventsf a crime other	□ Unmoun □ Farm	ted Activities Only Chores
(Please note: a conviction record will not necess considered as it relates to the specifics of the po SAFE HAVEN FARMS HAS THE RIGHT TON ALL VO	sition for which	h you are a	applying.)
I, (Volunteer), authorize S from any law enforcement agency, including polithis state or any other state or federal governmentaw. Pertaining to any convictions I may have hat including but not limited to convictions for crimes By signing this application, I affirm that the facts understand that a comprehensive background of with SHF. I understand that if I am accepted as a omissions, or other misrepresentations made by documents may result in my immediate disqualifications and results and summediate disqualifications.	nt, to the extend for violation committed upset forth in it and the control of th	nt permitted sof state of state of state of state of conducted proper, any falsopplication and dismissal. I agree to respondents	d by state and federal r federal criminal laws, n. curate and complete. I rior to my volunteering se statements, and/or other official I understand that I am lead the Volunteer
Signature:	Date:		

Maiden Name if Applicable			
Current Address	# Years		
Previous Address	# Years		
	mber: State:		
For Minors: I represent to SHF that I am the parent or guardian of the Applicant whose signature appears above. On behalf of the Applicant, I agree to and accept all of the provisions of the foregoing Consent for Background Check. I am authorized to sign this Statement on behalf of the Applicant and my doing so legally binds the Applicant as if he or she were not a minor.			
Signature of Parent/Guardian:	Date:		
REFERENCES Please list two references, not related to you, that we may contact to help determine your qualifications and/or character.			
Name:	Relationship to you:		
Phone: Email:			
Name:	Relationship to you:		
Phone: Email:			

It is our intent to provide equal opportunity to all Safe Haven Farms Volunteers in all terms, privileges, and conditions without regard to race, gender, religion, national origin, disability, sexual orientation, or any other factor.

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