



Volunteer Application

General Information

Name: _____ Date: _____
Address: _____
D.O.B.: _____ Phone (H): _____ Phone (cell/wk): _____
Email Address: _____
Employer/School: _____
Name of Parent/Legal Guardian, if minor: _____
Address, if different: _____ Phone: _____

How did you hear about the program at New Freedom Farm?

Please give information on any prior experience you have with horses (prior experience is not a requirement for volunteering and can be left blank).

Please give information on any prior experience you have with veterans, PTSD, substance abuse, or trauma (this is not a requirement for volunteering and can be left blank).

Check the box(es) next to the areas you are interested in:

- | <u>Program</u> | <u>Special Events</u> | <u>Administration</u> | |
|--|---|---|---|
| <input type="checkbox"/> Horse Handling | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Stable Mgmt | <input type="checkbox"/> Setup for Events | <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Facility Repair | <input type="checkbox"/> Cleanup after Events | <input type="checkbox"/> Future Planning | <input type="checkbox"/> Recruit Volunteers |

Sign & Affirm

I attest that the information provided above is accurate to the best of my knowledge. I know of no reason why I should not participate in New Freedom Farm's program.

Signature: _____ Date: _____

Photo Release: I ____ do / I ____ do not, consent to and authorize the use and reproduction by New Freedom Farm of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions, or for any other use for the benefit of New Freedom Farm.

Signature: _____ Date: _____