

**Horse Feathers Veterans Program at Ray of Light Farm
Volunteer Application**

Name:
Phone: <div style="display: flex; justify-content: space-between; padding: 5px;">Cell:Home:Work:</div>
Address:
Email Address:

I plan to volunteer on:

- Sunday Wednesday Special Events, if available

Please rate your experience with horses or donkeys.

- None If none, are you nervous or afraid around horses or donkeys? _____
- Have Ridden or Driven in the past, but only a few times or infrequently
- Have a moderate amount of experience riding or driving, 1 year or less
- Have extensive experience riding or driving, either presently or in the past
- Have experience around horses or donkeys, but primarily around them, not driving or riding.

Have you ever been convicted of a felony? Yes No

If yes, explain:

Have you ever been convicted of a sexual offense? Yes No

If yes, explain:

Have you ever been convicted of animal cruelty or neglect? Yes No

If yes, explain:

Do you have any health conditions, allergies, physical limitations, etc. that you would like us to know about? If yes, please explain:

(This information is optional and is for your safety only. It will not be shared with anyone other than emergency personnel in the event of an emergency situation.)

Volunteers may be responsible for a \$10.00 application fee to cover the cost of a background check. For your safety and the safety of others, all adult volunteer applicants must successfully pass a criminal background check for crimes against animals, people, property, and illegal use of controlled substances before they can be accepted for service. By submitting this application, I affirm that the facts in it are true and complete, to the best of my knowledge. I understand that if I am accepted by Ray of Light Farm, Inc. as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. In addition, I understand that I may be dismissed for any violation of the Rules of Volunteering at Ray of Light Farm's Horse Feathers Veterans Program. I am familiar with and have received a copy of said Rules.

Signature

Print Name

Date