

SWEETBEAU HORSES - VOLUNTEER APPLICATION

Please complete this form and email to info@sweetbeauhorses.org

Applicants' Last Name	
Applicant's First Name	
Street Address	
City	
State	
Zip	
Home Phone	
Mobile Phone	
E-mail	

Volunteer Information:

Age:			
Horse experience level:	Beginner	Intermediate	Experienced 🗌
Please describe your expe	erience:		
How did you hear about S	Sweetbeau?	 	

Please indic	ate the hours you are available on each day:
Monday:	
Tuesday: _	
Wednesda	ay:
Thursday:	



For the protection of our staff and volunteers, volunteers OVER the age of 18 must complete the following:

Have you ever been convicted of a felony?] Yes	□ N	lo	
Have you ever been convicted of a sexual offer	nse?	🗆 Ye	S	🗆 No
Are you ever been convicted of animal cruelty	?	Yes		No

I declare that the information provided by me on the above form is true and accurate.

Applicant's Full Name (Print)	Date
Applicant's Signature	Date
Legal Guardian (if applicant under age 18) (Print)	Date
Legal Guardian Signature	Date

Emergency Contact Information: _____