

EAS VOLUNTEER APPLICATION

Please print legibly

Name	DOB		
Height(Side Helpers Rest	rictions)		
Address	City	Zip	County
Phone	Email		
Employer or School:	Titl	e/Department:	
If Minor:			
Name Parent/Guardian	Rel	ationship	
Phone	Email		
**Volunte Experienced Horseperson: Yes No riding, discipline and whether or no	-	r experience inclu	ding number of years
I am interested in the following volume Weekly Riding Lessons Daytime Side Helper Description Have you ever been charged with Yes No If yes, please give	e □ Wee orse Leader □ Groo ministrative □ Ever or convicted of a crim	m ⊂ Ünmount its ⊏ Farm (ie other than mino	ed Activities Only Chores
(Please note: a conviction record victorial considered as it relates to the special safe haven farms has a	cifics of the position fo	or which you are a	pplying.)
I, (Voluntee from any law enforcement agency, this state or any other state or fedelaw. Pertaining to any convictions including but not limited to convicti By signing this application, I affirm understand that a comprehensive with SHF. I understand that if I am omissions, or other misrepresental documents may result in my imme making a volunteer service commi Handbook, complete all training re	including police deparent government, to the land for violens for crimes comment that the facts set fort background check will accepted as a SHF tons made by me on the diate disqualification tment to SHF. If apport	artments and shering e extent permitted oblations of state or itted upon childrenth in it are true, according to be conducted priviple of this application and and/or dismissal. I inted, I agree to reserve to the extension of th	iff's departments, of lby state and federal federal criminal laws, it curate and complete. I or to my volunteering e statements, id/or other official understand that I amed the Volunteer
Signature:	D	ate:	

Maiden Name if Applicable				
Current Address	# Years			
Previous Address	# Years			
Current Driver's License (Y / N) License Nu	ımber: 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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