

VOLUNTEER APPLICATION

4730 44th Avenue NW
 Salmon Arm, B.C. V1E 3A7
freedomgateequinerescue@gmail.com
 (250) 515-1056 (Carly)
 (250) 517-0602 (Shawnee)



Please complete the whole form and print neatly. Date: _____

Full name:	Birth date:
Address:	City, Prov, Postal Code:
Home Phone	Mobile/Work Phone:
Occupation:	Email Address:

Please indicate which days/times you are available to volunteer. Freedom's Gate requires a commitment of at least one hour per week for all volunteers.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

Other: _____

Please indicate how you heard about the opportunity to become a volunteer with Freedom's Gate:

Why do you want to volunteer at Freedom's Gate Equine Rescue?

Which area(s) are you interested in volunteering?

Horse Care _____ Acreage maintenance _____ Fundraising/Events _____
(Complete section 1&4) **(Complete Section 2&4)** **(Complete Section 3&4)**

Thank you for your interest in volunteering in our animal rescue and education program. Please consult with your physician to ensure you are in good physical health to perform various volunteer duties. It is important that you understand that being in a farm environment and being around, working with, grooming and exercising horses and other animals can be a dangerous activity. It is critical that you follow all the rules, procedures and instructions of the Freedom's Gate Equine Rescue.

SECTION 1 – HORSE CARE

Please complete the following questions about yourself and your experience with horses:

How many years of experience do you have...

- | | |
|--|--|
| Leading Horses_____ | Grooming Horses_____ |
| Training horses_____ | Starting a horse under saddle_____ |
| Riding “green” broke horses_____ | Riding well trained horses_____ |
| Stall mucking_____ | Full care/maintenance of a horse_____ |
| Providing medical care to horses_____ | Providing basic hoof care/cleaning_____ |
| Working with an average sized horse_____ | Working with a young horse (<1 y/o)_____ |

Please describe your horse experience, based on the years of experience that you have marked above:

Have you ever or do you currently own horses?

Please describe any other experiences or talents that you would like to let us know about:

SECTION 2 – ACREAGE MAINTENANCE

Freedom's Gate is located on an acreage property, and in order to provide our horses with the best care, we need to spend a considerable amount of time maintaining their physical environment such as building/repairing fences, building shelters for horses and hay, and keeping dangerous debris such as fallen trees away from the horses. Are you interested in helping with some of these tasks?

Yes _____ No _____

If yes, please answer these questions.

1) Do you have experience using a chainsaw?

2) Do you have experience with power and hand tools needed to complete these tasks (ex: hammer, power drill, table saw)?

3) Are you able to safely lift up to 50lbs?

4) Do you have any experience in this area that you'd like to share with us (fencing, carpentry, running farm equipment, etc)?

SECTION 3 – FUNDRAISING/EVENTS

Freedom’s Gate relies on community support to provide basic needs to the horses that come into our care, to rehabilitate and train these horses and make them adoptable to horse lovers like you and me so they can live their best lives, for the rest of their lives. We are always looking for new ideas and new energy to add to our small team of event planners! If you would like to help us out planning or coordinating events and fundraisers, we would love to have you!

Please tell us about any experience you have in this area:

Give us one idea you have to help us raise some money or create awareness!

Often our events are held in the evenings and/or on weekends. Can you be available during these times (with notice)?

SECTION 4

Please provide the following emergency information:

Emergency Contact Name:	Relation:
Mobile/Work Phone:	Home Phone:

Do you have any physical conditions that would prevent your or limit your ability to perform tasks and duties typically involved on a horse rescue facility? Yes _____ No _____

If Yes, please describe your conditions and alert us to how to help you in an emergency situations:

I understand that by signing this application, I am applying to volunteer at Freedom's Gate Equine Rescue and understand that for any reason my application may be denied. I also understand that upon acceptance as a volunteer at Freedom's Gate Equine Rescue, I will be required to sign a release of liability and waiver. By signing this application I am verifying that all information I've provided is accurate.

Signature: _____ Date: _____

Parent/guardian signature (If under 18 y/o): _____

Your position as a volunteer depends upon your skill set. Wherever your interest lay is where you would be most beneficial to the program. This may include working with our horses, getting your hands dirty by helping out around the acreage, or performing other tasks including event coordinating and fundraising. The daily operations of our various projects would not be possible without you, the volunteer.

On behalf of all our four legged friends, we thank you for your help!