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EIN: 27-093984

EQUINE AID VOLUNTEER APPLICATION

Name:

Phone:

E-mail Address:

US mail Address :

Date of Birth:

If you are under 18: Name and phone number of guardian:

Signature & contact info of guardian: _____

What would you like to do to help horses in need? Please check all that apply:

___ *Stall and Paddock Cleaning

___ *Administrative

___ *Fund Raising

___ *Public Speaking

___ *Volunteering at Events

___ * Electrical Work

___ *Carpentry

___ *Hauling: Please describe your truck and trailer:

Our Mission:

*To provide rescue and rehabilitation, placement or sanctuary for equines in need
and to serve as a voice against all abuse.*

Training: We require our trainers to be very experienced with natural horsemanship methods and to demonstrate their ability. Please describe your horse training experience:

Volunteering may include strenuous physical labor or lifting heavy objects. Do you have any physical condition which would limit such activities?

Have you ever been convicted of animal neglect or abuse?

Please describe your experience with horses:

What days, time (3-4 hours between 9 and 5) would you like to volunteer?

When are you available to start volunteering?

Additional comments or information you would like to share with us?

Please Note: In the interest of maintaining a safe and peaceful environment for the variety of animals who live here, we request that you keep your own animals at home. Thank You

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