



VOLUNTEER APPLICATION

Thank you for your interest in our 501(c)3 non-profit organization!
Please complete this application form so that we can best
consider
your interests and experience within our organization.

PERSONAL INFORMATION:

Date: _____

Female Male DOB (mm/dd/yy): _____

Mr. Mrs. Ms. Miss.

Name: _____

If under 18 years of age, print Parent/Guardian name:

Name: _____

Address: _____ City/State: _____ Zip: _____

Home Phone: (____) _____ Cell: (____) _____ Work: (____) _____

Employer/Occupation: _____

Email: _____

Providing my email address allows Helping With Horsepower™ to send me program news, updates, information, and etc. This email shall remain the property of HWH and will not be sold or given to any third parties.

How did you hear about us? _____

INTERESTS:

Which HWH program are you interested in (ok to choose more than one!)?

HWH Therapeutic Riding Program HWH Heroes Helping With Horsepower (Veterans Programs)

Why do you want to volunteer with Helping With Horsepower™? (what do you hope to gain/contribute/ achieve?)

Please list any special skills that you could offer (i.e., grant-writing, maintenance, book-keeping, PR/Social Media, sign language)

Please describe your general background (i.e., education, work experience)

Any physical limitations to consider?

RELATED EXPERIENCE AND SKILLS:

Have you had previous experience working with individuals with special needs? No Yes

If Yes, please describe including specific skills/degrees:

Have you had previous experience working with at-risk youth or others that have suffered victimization/abuse?

No Yes If Yes, please describe including specific skills/degrees:

Have you had previous experience working with horses? No Yes

If yes, please describe:

Are you Certified In? First Aid CPR Certificate expires on:

Are you interested in serving on the HWH Board? No Yes

If yes, do you have any previous Board experience?

TIME COMMITMENT:

What is your availability and amount of time you are interested in volunteering?

Weekly Monthly Occasionally

Please indicate what time frames you are available.

Monday _____ Thursday _____ Saturday _____

Tuesday _____

Friday _____

Sunday _____

Wednesday _____

REFERRALS:

Is there anyone else that you think may be interested in volunteer opportunities in any of our Helping With Horsepower™ Programs? If yes, please share a name and the best way to contact them. Thank you!

PLEASE NOTE: Because of the nature of our programs, Helping With Horsepower™ does perform background checks, and may ask for references upon final consideration of volunteer application.

Mail this application to: Helping With Horsepower™
40789 259th St.
Mitchell, SD 57301

Email to: laura@helpingwithhorsepower.com or reclamationranch@gmail.com

Call with any questions! Laura Klock: 605-999-9824 or Crystal Young: 605-770-2867

