



# 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): \_\_\_\_\_

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 SpiritHorse Program     HWH Bike Rebuild Program     HWH Entrepreneur Experience

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

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

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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:**

List 3 people that are not related to you and that you have known for more than 8yrs.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

How many years have you known this person? \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

How many years have you known this person? \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

How many years have you known this person? \_\_\_\_\_

*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 a volunteer application. Are there any criminal charges (pending or on record) that may potentially be of concern when working with special needs, children and or at risk youth?*

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\_\_\_\_\_ Date of occurrence: \_\_\_\_\_  
\_\_\_\_\_

**Mail this application to:** Helping With Horsepower™  
40787 259th St.  
Mitchell, SD 57301

**Email to:** [laura@helpingwithhorsepower.com](mailto:laura@helpingwithhorsepower.com) or [reclamationranch@gmail.com](mailto:reclamationranch@gmail.com)

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