



Equine Recline

Volunteer Interest Form

Name of Volunteer: _____

Address: _____

Phone: _____ **Alternate Phone:** _____

E-mail: _____

How did you hear about us? _____

Area of Interest: _____ Horse Care _____ Barn Duties _____ Office Work
 _____ Outside Work _____ Fundraising

Do you have horse experience? _____ Yes _____ No

If yes, how experienced are you? _____ Beginner _____ Intermediate _____ Advanced

Do you or have you owned a horse(s)? _____ Yes _____ No

If yes, how long have/did you own the horse(s)? _____

Have you volunteered for an animal sanctuary before? _____ Yes _____ No

If yes:

Where: _____

When: _____

What did you do: _____

Anything else you would like to share: _____
