

Healing Hearts



Equine Rescue

P.O. Box 773 Carthage NC 28327
(910) 639-2482

Volunteer Application

Date: _____

You must be 18 years or older to submit this application. If you are under 18 please have your parent/guardian submit the form. Thanks!

Name _____

Address: _____

City _____ State _____ Zip _____

Phone #(Day) _____ (Evening) _____

Email _____

Do you wish to receive our newsletter? Yes No

Have you ever been convicted of committing animal abuse or neglect? Yes No

If yes explain _____

Are you over the age of 18 Yes No

Please describe your experience with equines: _____

Volunteer hours available: Please check all that apply

I am able to commit to hours on a weekly basis

I am able to commit to one weekend per month

I am able to volunteer for special events and fundraisers

Other: _____

Please consider your experience, talents and contacts in and outside the horse world and tell us about them. _____

Suggestions: _____

Signature _____ Date _____