

SAVE THEM ALL HORSE RESCUE, INC

A 501(c)3 Non-Profit Organization
EIN: 46-1267747

Saving Horses, One at a Time

VOLUNTEER REGISTRATION FORM			
Name:			
Today's Date:		Date of Birth:	
Mailing Address:			
Phone Number(s):			
Email Address:			
Emergency Contact: (Name/Relationship/Phone)			
Why do you wish to volunteer with Save Them All Horse Rescue?		ASP: ____ Yes	
When are you available to volunteer? Please list days and hours. (Currently only weekends 9 a.m. – 4 p.m.)			
What are your volunteer interests and do you possess any special talents that could help our cause?			
<input type="checkbox"/> Assist with vet visits <input type="checkbox"/> Build fences or shelters <input type="checkbox"/> Clean up litter from field <input type="checkbox"/> Education <input type="checkbox"/> Field maintenance <input type="checkbox"/> Foster home <input type="checkbox"/> Fundraising <input type="checkbox"/> Gardening	<input type="checkbox"/> Grant writer <input type="checkbox"/> Newsletter <input type="checkbox"/> Painting <input type="checkbox"/> Sewing <input type="checkbox"/> Site visits <input type="checkbox"/> Transporting horses <input type="checkbox"/> Website development <input type="checkbox"/> Other _____	Working with horses: <input type="checkbox"/> Administering oral medication <input type="checkbox"/> Bathing <input type="checkbox"/> Cleanup <input type="checkbox"/> Grooming <input type="checkbox"/> Riding <input type="checkbox"/> Training <input type="checkbox"/> Upkeep of Tack <input type="checkbox"/> Walking Other _____	
Have you ever worked with horses before? <input type="checkbox"/> Yes <input type="checkbox"/> No How long ago? _____		Have you ever worked with abused horses? <input type="checkbox"/> Yes <input type="checkbox"/> No How long ago? _____	
How did you learn about us? <input type="checkbox"/> Craigslist <input type="checkbox"/> Website <input type="checkbox"/> ASP <input type="checkbox"/> Friend/Family _____			
Do you know someone else who might like to volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No Please list their name and contact information.			