



Volunteer Application

Reviewed by: _____

Name:		Date:		
Email:		Birthday:		
Address:		Phone:		
City:	State:	Zip:		
Desired Position (circle all applicable). More information regarding position is available upon request.				
- Barn/Equine Volunteer - Office Volunteer - Marketing/Community Volunteer - Events/ Fundraising Volunteer - Programs Volunteer - Barn Buddies (for families with kids 6-12) - Mane Crew (for teens 12-18)				
The days and times I am available are: (Please check all boxes that apply)				
M, Tues, T, W, Thurs F Morning	☐	☐	M, Tues, W, Thurs, F Afternoon	Weekend Morning ☐
	☐	☐		Weekend Afternoon ☐

1. Why would you like to be a volunteer of Mane Support?
2. What personal gifts, skills, expertise, and passions do you possess that would make you a valuable volunteer?
3. There are time commitments and obligations to being a volunteer of Mane Support, with individual schedules and areas of expertise considered. Are you willing to uphold these to the best of your ability?

VOLUNTEER EXPERIENCE

Volunteer Experience: _____

REFERENCES: Please provide name and phone numbers. Do not list relatives.

Name

Phone

Name

Phone

Other than minor traffic violations, have you been convicted of a criminal offense? If yes, please explain in full:

****PLEASE BE ADVISED THAT A SECURITY BACKGROUND CHECK WILL BE OBTAINED****

I understand that should my application be accepted, I will need to document my hours and maintain contact with the volunteer coordinator(s) and/or Kim Henry Warner. I also understand that there are volunteer meetings that would be to my advantage to attend. I have indicated the days and times I am available.

Signature: _____ **Date:** _____

Medical History

Any known allergies: _____

Emergency Contact:

Name: _____ **Relationship:** _____ **Phone:** _____

Drug/Alcohol Policy

Mane Support has a ZERO -tolerance policy for substance use (drugs and alcohol) on the either property of 1522 or 1271 New Hope Road. By signing below, I agree and understand if I am found with either drugs or alcohol on theses premises, it will be grounds for immediate dismissal of my duties as volunteer of Mane Support.

Signature: _____ **Date:** _____

Volunteer Application and Confidentiality Agreement

All information given by me in this application is true in all respects. I understand that this information will be kept confidential. I also understand that all volunteers are required to furnish personal references before beginning volunteer work with Mane Support, Inc. I authorize these references to answer all questions asked by Mane Support, Inc. concerning my ability, character and reputation. I release all such persons from any liability damages as the result of having provided such information. If accepted as a volunteer, I agree that I will cover my volunteer assignment faithfully and diligently,

acknowledging that I do so of my own free will and without coercion. It is my intent to donate my time without expectation or promise of remuneration or compensation. Finally, I understand that volunteer assignments with Mane Support, Inc. are based on a mutual consent. Any action and/or conduct that may be contrary to the Mission of Mane Support, its core values or goals may be grounds for termination of my volunteer services or I may choose to terminate by giving proper notice to Mane Support, Inc.

I believe that my commitment to Mane Support, Inc. and the families it serves should be professional. I understand that I am making a commitment to this program and those it serves and will do so to the best of my ability. I will maintain confidentiality at all times and understand that any breach of confidentiality will result in my being dismissed from the Mane Support volunteer program. I understand that "maintaining confidentiality" means excluding all intimate details from reports/records and providing only general information, discussing the children and families I am associated with only at appropriate times in appropriate places with the staff of Mane Support and refraining from discussing these children and families with any of my family members or friends.

By signing the following, I also agree to hold Mane Support, Inc., its member(s), officer(s), agent(s) and volunteers HARMLESS for any incident and/or injury arising from my volunteer services.

Applicant Signature: _____ **Date:** _____

If a minor, Signature of Parent/Guardian: _____ **Date:** _____

***WE WANT TO THANK YOU FOR VOLUNTEERING WITH MANE SUPPORT!!!
YOU MAKE THE DIFFERENCE!!!***