



Doug Stoodt
Director

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Volunteer Application

CONTACT INFORMATION: PLEASE PRINT LEGIBLY

Volunteer's Name: _____

Birth Date: _____

Address: _____

City/State/Zip: _____

Home/Work Phone: _____ Cell Phone: _____

Email: _____

Occupation: _____

Parent/Legal Guardian Name: _____ (For

volunteers under 18): Relationship: _____

Address: _____

City/State/Zip: _____

Home/Work Phone: _____ Cell Phone: _____

Email: _____

Do you have any physical conditions limiting the kind of ranch work you can perform? Explain:

AVAILABILITY TO VOLUNTEER: (Ranch Hours are 9 am to 5 pm)

Mon ___ Tue ___ Wed ___ Thu ___ Fri ___ Sat ___ Sun ___

Number of years working with horses: _____

Leading / Grooming ___; Hoof cleaning: ___; Ground Training ___; Training Under Saddle: ___

*Working with green horses ___ *Working with unbroken horses ___

*Stall/Pen mucking ___ *Full care/maintenance of a horse ___

***HORSE EXPERIENCE:**

Number Additional of years working experience/skills/talents with horses: you have _____ that you wish to share with MMERRC: (If you need more space for these questions, please use the back.)

Describe your horse experience:

Why do you want to volunteer at MMERRC?

Have you ever done volunteer work before? Where? How long?

WHICH AREAS WOULD YOU ENJOY PARTICIPATING IN MOST:
(No Experience Necessary)

Ranch chores _____ Fundraising events _____ MMERRC booths at events _____

Distributing materials _____ Office help _____

(Previous Experience Necessary: REQUIRES EVALUATION BY MMERRC MGT.)

Horse Handling _____ Grant writing / PR _____ Fund Raising development _____

Handyperson / maintenance _____ Educational programs _____

Training is available for some of the above volunteer opportunities.

OTHER:

How did you hear about us? _____

By signing you acknowledge you agree to comply with the safety policies and ranch rules; further you authorize Mountain Meadow Equine Rescue to use photographs you might appear in and that all information in this application is true and correct.

MUST CONTAIN ORIGINAL SIGNATURE:

Signature: _____ Date: _____
(Volunteer or if under 18, parent/guardian)

**Volunteers under 18 may not start volunteering without Parent/Guardian Signature.
Volunteers under 16 must be accompanied by a volunteering Parent/Guardian.**

EMERGENCY CONTACT:

Name(s): _____

Address: _____

Phone Number(s): _____

Email Address: _____