

Thoroughbred Placement Resources, Inc. (“TPR”) Volunteer Application

The information below is requested to assist us in making the best possible volunteer placements.

<input type="text"/>	<input type="text"/>
Name	Birthdate

<input type="text"/>	<input type="text"/>
Home #	Cell #

<input type="text"/>
Address

<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip

<input type="text"/>
Email Address

How did you learn about TPR?

<input type="text"/>

Why are you interested in volunteering with TPR?

<input type="text"/>

Current Employment/School

<input type="text"/>

Company/School

<input type="text"/>

Position

Experience: Please outline any volunteer experience you have had, especially any equine- related experience.

Interests: Please indicate below any and all volunteer areas which interest you:

- | | |
|--|---|
| <input type="checkbox"/> Office/Administrative Support | <input type="checkbox"/> Farm Work |
| <input type="checkbox"/> Event Planning | <input type="checkbox"/> Volunteer Program Support |
| <input type="checkbox"/> Development/Publicity | <input type="checkbox"/> Community Education Outreach |
| <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Social Media Development |
| <input type="checkbox"/> Accounting/Bookkeeping | <input type="checkbox"/> Fundraising |

Availability:

What times would you be available?

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

References:

Please list two references for people that are not related to you, but who know you well.

1.

--	--

Name

Telephone #

--

Email Address

Your relationship to the above person:

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2.

--	--

Name

Telephone #

--

Email Address

Your relationship to the above person:

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Emergency Contact:

Please indicate who should be contacted in case of an emergency.

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Name

Telephone #

Your relationship to the above person:

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Consent

Volunteer applicants authorize Thoroughbred Placement Resources, Inc. and/or its agents to ascertain the appropriateness of the applicant for volunteer service by methods including, but not limited to, the following: contacting the applicant's references and present employers. The applicant also understands that failure to complete this form or providing false or misleading information will result in the denial of his/her ability to volunteer on behalf of Thoroughbred Placement Resources, Inc.

I hereby certify that the information contained in this application is, to the best of my knowledge, accurate.

Signature of Applicant:

Name (please print)

Date

Signature