

# Circle P Sanctuary, Inc.

1909 County Road 24  
Marengo, OH 43334  
419-864-3872  
circleprescue@yahoo.com

## VOLUNTEER APPLICATION *Please Print Clearly*

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Occupation: \_\_\_\_\_

E-mail \_\_\_\_\_

**Please Circle:**

Days Available to Volunteer:

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Availability:

Daily

Once/week

Twice/week

Once/month

Special Projects

Special Events

Times Available: \_\_\_\_\_

How many hours do you wish to donate per visit? \_\_\_\_\_

Status: We ask volunteers under age of 14 be accompanied by an adult.

Adult (Over 18) \_\_\_\_\_

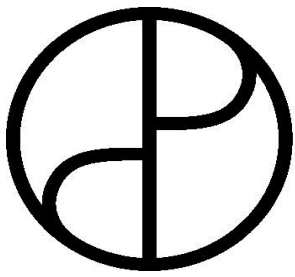
Youth (Under 18) \_\_\_\_\_ Age: \_\_\_\_\_

Parent / Guardian Signature if under 18 \_\_\_\_\_

How did you hear about the Circle P Sanctuary, Inc.? \_\_\_\_\_

Have you attended a Circle P Sanctuary, Inc. volunteer orientation? \_\_\_\_\_

If yes, what date? \_\_\_\_\_



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Why do you want to volunteer at the Circle P Sanctuary? \_\_\_\_\_

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Have you volunteered for other organizations? Where? How Long? What did you do? \_\_\_\_\_

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*Please Check:*

### Horse Experience:

- |                  |                      |                    |                    |
|------------------|----------------------|--------------------|--------------------|
| Grooming _____   | Mucking Stalls _____ | Veterinarian _____ | Equissage _____    |
| Shampooing _____ | De-Worming _____     | Medical Care _____ | Chiropractic _____ |
| Nutrition _____  | Farrier Care _____   | Giving Shots _____ | Trailerling _____  |
| Leading _____    | Lungeing _____       | Driving _____      | Long Reining _____ |
| Riding _____     | Training _____       | Other _____        | Other _____        |

Please give some detail on any items checked: \_\_\_\_\_

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### Other Experiences:

- |                       |                     |                        |                       |
|-----------------------|---------------------|------------------------|-----------------------|
| Computer Skills _____ | Grant Writing _____ | Public Relations _____ | Public Speaking _____ |
| Fund Raising _____    | Management _____    | Carpentry _____        | Electrical _____      |
| Accounting _____      | Legal _____         | Printing _____         | Excavating _____      |
| Entertainment _____   | Photography _____   | Artistic Talent _____  | Videography _____     |

Other skills that could benefit the CPS \_\_\_\_\_

Please give some detail on any items checked: \_\_\_\_\_

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### What volunteer opportunities would you be most interested in?

- Barn Chores \_\_\_\_\_ Sanctuary Tours \_\_\_\_\_ Fund Raising \_\_\_\_\_ Farm Maintenance \_\_\_\_\_
- Grooming Horses \_\_\_\_\_ Record Keeping \_\_\_\_\_ Special Events \_\_\_\_\_ Marketing \_\_\_\_\_
- Grooming Other Animals \_\_\_\_\_ Clerical \_\_\_\_\_ Open Barn \_\_\_\_\_ Distribution \_\_\_\_\_
- Exercising Horses \_\_\_\_\_ Public Speaking \_\_\_\_\_ School Visits \_\_\_\_\_ Education \_\_\_\_\_
- Training Horses \_\_\_\_\_ Management \_\_\_\_\_ Field Trip Days \_\_\_\_\_ Public Relations \_\_\_\_\_
- Follow-up visits for adoptees \_\_\_\_\_ Farm Inspections for Potential Adoptions \_\_\_\_\_ Anything \_\_\_\_\_
- Gardening \_\_\_\_\_ Plumbing \_\_\_\_\_ Other \_\_\_\_\_ Other \_\_\_\_\_

Please elaborate on any items checked \_\_\_\_\_

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Are there any conditions or medications that emergency personnel should be aware of? (Asthma, Bee Allergies, Heart Conditions, etc.) \_\_\_\_\_

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### Volunteers over the age of 18 must complete the following questions:

These questions are being asked for the protection of our volunteer staff.

Have you ever been convicted of a felony? (Circle One) Yes No

If yes, explain: \_\_\_\_\_

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Have you ever been convicted of sexual offences involving minors? (Circle One) Yes No

If yes, explain: \_\_\_\_\_

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Have you ever been convicted of animal cruelty? (Circle One) Yes No

If yes, explain: \_\_\_\_\_

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I, \_\_\_\_\_, certify that the above information is true and accurate to the best of my knowledge. I understand that any misleading or false information contained in this application could lead to my immediate release.

Signature \_\_\_\_\_ Date \_\_\_\_\_