

ALL STAR EQUESTRIAN FOUNDATION, INC. P. O. BOX 892

MANSFIELD, TEXAS 76063

817-477-1437 FAX: 817-473-9175 Website: allstarfoundation.org

VOLUNTEER APPLICATION FORM

(TO BE COMPLETED ANNUALLY)

General Information	e.	,		
		Date of Birth	1 1	Age
	City			
	Cell Phone			
	Email_			
	DIAN (if under 18 years of age			
	ecial talents that you would			
Have you had any ex	perience working with people v	who have a disability?	· ·	
Have you had any ex	perience with horses?			
How did you hear abo	out our program?			
HEALTH HISTO	RY			
working in an equine	r current health status, partic e assisted program. Address ries, or lifestyle changes.			
Would any of the abo	ve prevent you from working a	full hour or more in the	he arena?	
If Yes, please explain	1			
	Any allergies			
	rmation provided above is ac not participate in this center's p		f my knowledg	e. I know of no
Signature	or Parent/Guardian if under 18	Date		REVISED MAY 2011
		years of age)		REVISED MAY 2011
Circle which areas yo Program		Administration	n	
Horse Handling	Horse Show	Public Relations	Photography	
Sidewalking w/student Stable management		Grant Writing Newsletter	Budget/Finance Future Planning	
Facility Repairs		Volunteer Recruitment		J