



Volunteer Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

Job or Phase Preference: _____

Any Past Experience: _____

Food Preference: Vegetarian - YES

Emergency Contact: _____

Emergency Contact Cell Phone: _____

**** PLEASE PROVIDE A SIGNED CHP RELEASE FORM WITH YOUR COMPLETED APPLICATION:**

<http://www.carolinahorsepark.com/support/volunteer>