



**WILD HORSE FOUNDATION**

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**VOLUNTEER APPLICATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

HORSE EXPERIENCE: \_\_\_\_\_

PLEASE INDICATE AREAS OF INTEREST IN ORDER OF INTEREST

1 = HIGHEST, 5 = LOWEST

- |                         |                         |                   |
|-------------------------|-------------------------|-------------------|
| ___ CARE & FEED         | ___ ADOPTIONS           | ___ BOOTH EVENTS  |
| ___ FARM & MAINTENANCE  | ___ FOLLOW-UPS          | ___ EDUCATION     |
| ___ PUBLIC RELATIONS    | ___ MEDICAL/CRISIS      | ___ FUND RAISING  |
| ___ COMPUTER MANAGEMENT | ___ HORSE HAULING       | ___ OFFICE        |
| ___ RIDING EVALUATIONS  | ___ CORRESPONDENCE      | ___ GRANT WRITING |
| ___ BUILDING-CARPENTER  | ___ DISASTER ASSISTANCE | ___ ANSWER PHONES |

**DISASTER ASSISTANCE VOLUNTEERING**

I CAN BE AVAILABLE FOR:  3 DAYS  5 DAYS  7 DAYS

I CAN TRAVEL AND BE SELF SUFFICIENT DURING THIS TIME:  YES  NO

ARE YOU INTERESTERED IN THE DAILY FEEDING AND CARING FOR OF HORSES:  Y  N

WHAT DAYS CAN YOU HELP: (CHECK ALL THAT APPLY)

SUN  MON  TUE  WED  THUR  FRI  SAT

PLEASE BRIEFLY DESCRIBE ANY ADDITIONAL OR SPECIAL SKILLS YOU HAVE THAT WOULD BENEFIT THE FOUNDATION: \_\_\_\_\_