



EQUINES FOR FREEDOM

VOLUNTEER APPLICATION FORM

Applicant's Name _____ **Preferred Nickname** _____
last name first name

Home Address _____
house/apt # street

city state / zip code

Home Phone _____ **Mobile Phone** _____

Which is your preferred contact phone #? (home) (mobile) **Can we text you, if needed?** (Yes) (No)

Email Address _____

Do you have any recurring limitations on availability? _____

Do you have any special skills that might be of interest? _____

Do you have any special area of interest relative to EFF - fundraising, public relations, etc?

Are you bilingual or multi-lingual? (Yes) (No) **If "yes", what languages other than English?**

Do you have a special reason for wanting to volunteer with EFF? _____

I understand that I will not be paid or otherwise compensated for my service as a volunteer.

Your Signature _____ **Date** _____

Please mail your completed application to:

Equines For Freedom, PO Box 53, Factoryville, PA 18419