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**Volunteer Application Form**

Thank you for your interest in becoming a volunteer with Honey's! Your support is essential in helping us fulfill our mission of bringing smiles, love, comfort, and joy to those in need through equine therapy. To get started, please complete the following application. Your responses will help us understand your availability, skills, and commitment to our organization.

**Personal Information:**

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

Contact Information (Phone, Email, Address):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name and Phone Number:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Availability:**

Please indicate your general availability for volunteering (e.g., weekdays, weekends, evenings):

Are there any specific time constraints or limitations on your availability?

**Please indicate your availability for volunteering (check all that apply):**

[ ] Weekdays (Morning)

[ ] Weekdays (Afternoon)

[ ] Weekdays (Evening)

[ ] Weekends (Morning)

[ ] Weekends (Afternoon)

[ ] Weekends (Evening)

[ ] Flexible Schedule

**Transportation:**

Do you have reliable transportation to commute to visit locations? Are you comfortable with driving to different visit locations within Central Florida? Please indicate any limitations or restrictions on your ability to travel.

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**Skills, Education, and Experience:**

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**Experience with Mental Health:**

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**Please provide a summary of any relevant equine experience you have, including handling or working with horses:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What other skills or expertise can you bring to Honey's that would benefit our organization? This may include administrative skills, invoicing, email communication, event planning, or any other talents you possess.**

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**Board of Directors:**

Are you interested in serving on the Board of Directors for Honey's? If yes, please describe any relevant experience or skills you possess that would contribute to the board's work.

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**Improving the Mission:**

How do you envision yourself contributing to the improvement of Honey's mission and services?

Are there any specific ideas or suggestions you have for enhancing our organization's impact or expanding our reach within the community?

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**References:**

Please provide the names, contact information, and relationship of two references who can speak to your character, reliability, and suitability as a volunteer.

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**Terms and Conditions:**

By submitting this application:

* I understand that the information provided will be used for volunteer management purposes.
* I authorize Honey's to conduct a background check, if necessary, to ensure the safety and well-being of our clients and animals.
* I understand that volunteering with Honey's is on a voluntary basis and that I will not be entitled to any compensation or benefits.
* I agree to adhere to all Honey's policies, procedures, and safety guidelines while representing the organization as a volunteer.
* I acknowledge that Honey's reserves the right to accept or reject volunteer applications based on our organizational needs and requirements.

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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