



16201 Gordon Cummings Road | Canyon, TX 79015

806-376-0808 | ali@dcertx.org

www.dovecreekequinerescue.org

STUDENT VOLUNTEER APPLICATION

GENERAL INFORMATION

Date: _____

Parent/Guardian Name: _____

Phone Number: _____ Email: _____

Address: _____ City: _____

State: _____ Zip: _____

Student Name: _____ Age: _____

Are you currently in school? _____

Where? _____ What grade? _____

Volunteer experience:

ADDITIONAL INFORMATION

Indicate what hours and day of the Week you can commit to:

MONDAY: _____

TUESDAY: _____

WEDNESDAY: _____

THURSDAY: _____

FRIDAY: _____

SATURDAY: _____

SUNDAY: _____

EVERY WEEK _____ **TWICE A MONTH** _____ **ONCE A MONTH** _____ **OTHER** _____

Is there an area you are interested in?



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What are your goals for volunteering at Dove Creek?

Please describe your Horse Experience-if any (not required):

Any special skills or talents you have that would be helpful to Dove Creek? _____

Physical Limitations? _____

PLEASE READ CAREFULLY BEFORE SIGNING

I certify that all information provided in this volunteer application is true and complete. I understand that any false information or omission may disqualify me from further consideration, and may result in my dismissal if discovered at a later date. I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-volunteering drug screen as a condition of volunteering, if required. **I UNDERSTAND THAT THIS APPLICATION OR VERBAL STATEMENTS**

BY MANAGEMENT DO NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF VOLUNTEERING NOR GUARANTEE A VOLUNTEER POSITION FOR ANY DEFINITE PERIOD OF TIME. I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF DCERS AND MAY BE DISMISSED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE. I have read, understand, and by my signature consent to these statements.

Parent/Guardian Signature: _____ Date: _____

Volunteer's Signature: _____ Date: _____

DCER Signature: _____ Date: _____