

Rocky's Horse Rescue and Rehabilitation Inc www.rockyshorserescue@comcast.net 240-367-7256

12155 A Creagerstown Rd Thurmont, MD 21788

An All Breed Rescue

A 501 (c)3 Non Profit Horse Rescue Organization

Volunteer Application

Print First and Last Name	Mailing Address Including City State and Zip Code			
 Email	Date of Birth	Cell Phone Number		
IF YOU ARE UNDER THE AGE OF 18, PLEA	ASE PROVIDE US WITH YOUR PAREN	T/GUARDIAN INFORMATION:		
Parent/Guardian Printed First and Last Name	Mailing Address Include City State and Zip Code			
 Email	Date of Birth	Cell Phone Number		
Are you looking for a long or short term opportunit	y?			
What Days and Hours are you Available?				
Do you have any previous horse experience?	YesNo			
If yes please explain in detail:				

	members are expected of this please explain b		bathe horses, and whate	ver else needs to be done with the horse	es. If you
		om any other rescues:			
If Yes please explain	:				
Do you have any farn	n/yard experience (lawn	mower, tractor, etc,)	Yes	No	
If yes please explain					
Can you lift over 40 p	oounds?	Yes	No		
		sehold ever been accused, is imane violations:		or been convicted of any crime includin No	ng animal
If yes please explain:	:				
	e you would like us to kr				
-	m you agree to and und	-			
services. 2) Anyone u	inder the age of 18 will i		r without a signed Volunt	compensation will be provided for volur teer Liability Release Form and will not b	
		mation contained herewithing tand the above stated terms		y's Horse Rescue and Rehabilitation Inc.	
Signed by Volunteer	or Parent/Guardian			Date	