

Western Montana Equine Rescue & Rehabilitation, Inc.

VOLUNTEER APPLICATION

Name: _____

Address: _____

City/State/Zip: _____

Phone(s): _____

Email: _____

Age: Under 18 () Over 18 ()

Please list volunteer task(s) you are interested in:

- * Website Building/Editing _____
- * Newsletters _____
- * Fundraising _____
- * Advertising _____
- * Transportation _____
- * Other _____
- * Horse Care _____
- * Facility Cleaning _____
- * Manning an Event Booth _____
- * Data Base _____
- * Equine Evaluations _____

Please describe your skills/experience regarding list:

How many hours per week/month are you available: _____

Additional Comments:

