**Sophia’s Oasis for Equines, Inc (SOFE)**

3811 Hance Road, Port Republic, MD 20676

410.610.0430

[sofehorses@gmail.com](mailto:sofehorses@gmail.com)

**Volunteer Application**

**Contact Information:**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Home Phone |  |
| Work Phone |  |
| Cell Phone |  |
| E-Mail Address |  |

**Availability:**

Please check the corresponding day and time you are available to volunteer.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY | SUNDAY |
| AM |  |  |  |  |  |  |  |
| PM |  |  |  |  |  |  |  |

**Interest:**

What areas are you interested in volunteering?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Cleaning Stalls/Feeding/Barn Chores | Training/  Horse Care | Farm/Barn maintenance | Fundraising/  Community Involvement | Exercise Rider | Business-Operations & Management | ANYTHING!!! |
|  |  |  |  |  |  |  |  |

**Special Skills or Qualifications to include any Horse Experience:**

Please list any special skills or qualifications you think are we should know about, from previous volunteer work, employment and/or hobbies/sports. (Horse experience example: groundwork, exercise rider, competitive English/Western rider – are you green, intermediate or experienced rider?)

|  |
| --- |
|  |

**Previous Volunteer Experience:**

Please list any previous volunteer experience.

|  |
| --- |
|  |

**Person to Notify in Case of Emergency:**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Home Phone |  |
| Work Phone |  |
| Cell Phone |  |
| E-Mail Address |  |

**Agreement and Signature**

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer and false statement, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

|  |  |
| --- | --- |
| Volunteer Name (Print) |  |
| Volunteer Signature\* |  |
| Date |  |
| Board Member Sign & Date |  |

*\*Guardian Signature if volunteer is under 18 years old and must be person to notify in case of emergency*

**Our Policy**

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age or disability.

*Thank you for completing this application and for your interest in volunteering with SOFE!!!*

*We are nothing without our Volunteers!!!*

**A LABOR OF LOVE AND DEDICATION**