



Sophia's Oasis for Equines, Inc (SOFE)

9145 Mackall Road, St Leonard, MD 20685

667-486-0783

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, 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

Criminal History:

In the past ten (10) years have you been convicted of a misdemeanor? ___ Yes ___ No If yes, please describe _____

In the past ten (10) years have you been convicted of a felony? ___ Yes ___ No If yes, please describe _____

Answering "YES" to any of the questions above does not constitute an automatic bar to volunteer placement. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

FAILURE TO DISCLOSE ALL MISDEMEANORS AND/OR FELONIES WILL RESULT IN 'DENIAL OF APPLICATION'.

Background Check

As part of our volunteer application process, we will conduct a criminal background check to review your criminal history, including any felony or misdemeanor convictions, to ensure the safety of our participants. By submitting this application, you consent to this background check and understand that any relevant information may affect your eligibility to volunteer.

Person to Notify in Case of Emergency:

Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-Mail Address: _____

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.

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

*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