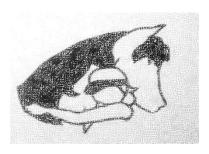
Last Name:	
First Name:	



Psalm 108 - Steadfast Trail "Equine Ministry and Life on the Farm"

6830 Hickory Ridge Road Spotsylvania, VA 22551 www.psalm108.org

For office use only: Data Entered Background Check Attended Volunteer Tr. Attended Horse Safety Attended Session Training

VOLUNTEER FORM

	PLEASE PRINT	
Volunteer Name:		Birth Date:
Address:	City:	State: Zip:
Phone:	Email address:	
FOR VOLUNTEERS <u>UNDER AGE 18</u>	, PLEASE PROVIDE THE FOLLOWING INFO	RMATION:
Parent/Legal Guardian Name:	Relations	ship to volunteer applicant:
Address:	City:	State: Zip:
Cell Phone:	Home Phone:	Work Phone:
Email address:		
No Experience Necessary: Barn Chores / Horse CareSide Walker for SessionsOffice / Administrative *Training is available for ALL voluments.	Fundraising Special Events	
Please assist us in grant funding b	y supplying the following information:	
	Fmnlover:	
Occupation:	Limployer:	
	SS:	
If self-employed, Name of Busines		

	Last Name:
	First Name:
Why do you want to volunteer at Steadfast Trail?	
Have you ever done volunteer work before? Where? How long? _	
DESCRIBE YOUR HORSE EXPERIENCE:	
	·····
IF YOU ARE OVER 18, PLEASE COMPLETE THE FOLLOWING:	
These questions are being asked for the protection of our staff an	d volunteers
	a volunteers
Have you ever been convicted of a felony?	
Have you ever been convicted of sexual offences?	_
Have you ever been convicted of animal cruelty?	-
MUST CONTAIN ORIGINAL SIGNATURE:	
Signature:(volunteer or parent/guardian if under 18)	Date:
(volunteer of parenty guardian in under 10)	
**Volunteers under 18 May Not Start Volunteerin	ng without Parent/Guardian Signature
Volunteers under 18 MUST have Parent/Guardia	n present during volunteering time **
PHOTO RELEASE:	
I DODO NOT consent to and authorize the use and rep	roduction by Psalm 108 Ministries-Steadfast Trail of
any and all photographs and any other audio/visual materials taken	n of me for promotional material, educational
activities, exhibitions or for any other use for the benefit of STEADI	FAST.
Signature:	Date:
Signature:(volunteer or parent/guardian if under 18)	