



Every Horse has an Owner. Every Owner Has a Responsibility.

Volunteer Application

If you are interested in volunteering, please complete this application and return to:

Illinois Equine Humane Center, NFP
47W635 Beith Road, Maple Park, IL 60151
815-761-4937 (Phone), 815-366-8208 (Fax), info@ilehc.org (Email)

We will contact you as soon as possible following the receipt of your completed application.

YOU MUST BE 18 YEARS OF AGE OR OLDER TO SUBMIT THIS APPLICATION.

If you are a minor, your parent or guardian must complete this form and submit on your behalf.

Volunteers must be minimum of 16 years of age.

Name: _____ Birthdate: _____

Address: _____ City, St & Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Work Phone: (____) _____ Occupation: _____

Email Address: _____

Circle when you are available and would like to volunteer:

Morning – 8:30am to 11am (Times may vary slightly, given weather and duties)

Late Afternoon – 3:30pm to 6pm (Times may vary slightly, given weather and duties)

Circle what type of volunteer work is of interest:

Horse Handling	Farm Work	Fundraising or Event Planning	Data Entry
Web Design	Mailing	Handyman/woman	Grounds work

Please describe your experience with horses. (Use a separate piece of paper if necessary)

Please tell us why you would like to volunteer:

Please tell us about your experience, contacts, talents, etc. outside the horse world which would be beneficial to helping ILEHC:

Please provide 2 non-related, character contacts, how you are affiliated, and their phone numbers.

1. _____
2. _____

How did you hear about us?

Please list any special information you think ILEHC should know: (medical conditions, restrictions, etc.)

The following questions are for the safety of our staff, other volunteers and horses. Your responses will remain confidential.

Have you ever been convicted of a felony, sexual offense? ___NO ___YES
If Yes, please explain:

Have you ever been charged with or convicted of a
Violation of the Illinois Humane Care for Animals Act? ___NO ___YES
If Yes, please explain:

Who should we contact in case of an emergency? Please provide name and number.

Signature of Applicant or Parent/Guardian _____ Date _____

Thank You for considering us as a place to spend your time and energy. We are grateful.