



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

Volunteer Application

If you are interested in volunteering, please complete this form and mail it to us at

Illinois Equine Humane Center
47W635 Beith Road
Maple Park, IL 60151
815-761-4937 (Phone)
815-366-8208 (Fax)

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 it for you.
Volunteers must be 16 years of age or older.

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 (May start earlier or run later depending upon the season)

Late Afternoon - 4pm to 6:30pm (May start earlier or run later depending upon the season)

Circle what type of volunteer work you are interested in doing:

Horse Handling
Web Design

Farm Work
Mailing

Fundraising or Event Planning
Handyman/woman

Data Entry

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:

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? NO YES
If Yes, please explain:

Have you ever been convicted of a 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.