## Reinbows, Inc. Volunteer Application



Volunteer Information	
Name	
Street Address	
City ST ZIP Code	
Parent/Guardian Name	
(If under 18)	
Primary Phone #	
Alternate Phone #	
E-Mail Address	
Availability	
During which hours are you a	available for volunteer assignments?
Weekday mornings	Weekday afternoons Weekday evenings
Weekend mornings	Weekend afternoons Weekend evenings
Certain months available:	
Interests	
Tell us in which areas you are	e interested in volunteering?
Programs/Working with	the Kids
Events	
Senior Citizen Visits	
Craft "Expert"	
Horse Helper	
Barn/Grounds maintenan	ce
Office Duties	
Fundraising	
Newsletter production	
<b>Special Skills or Qualific</b>	ations
	qualifications you have acquired from employment, previous volunteer
work, or through other activi-	ties, including hobbies or sports.

Summarize your previous volunteer experience and why you enjoy working with people and horses.	
Agreement and Signatur	'A
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, any false statements, omissions, or other misrepresentations made by me on this application may result in my dismissal as a volunteer. All Reinbows' Volunteers are subject to a background check if accepted.	
Name (printed)	
Signature	
Parent/Guardian Name (if under 18)	
Parent/Guardian Name	

## **Our Policy**

(if under 18)

Date

**Previous Volunteer Experience** 

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, sex, disability, or age in our programs and activities. Reinbows, Inc., of Windom MN is a 501(3) nonprofit corporation.

We will contact you as volunteer services are needed, or you may contact us at reinbows@windomnet.com.

Thank you for completing this application form and for your interest in volunteering with us!