



The Grace Foundation of Northern California

Non-Profit 501(c)(3) organization | Tax ID # 52-2444981

Volunteer Application

Youth Volunteer Information

Today's Date _____

Name: _____ Date of Birth: _____

Address: _____ City: _____ ZIP: _____

Home phone: _____ Work phone: _____ Mobile phone: _____

E-mail address: _____

Name of School: _____

Grade in School: _____

How did you hear about The Grace Foundation? _____

Check any of the following statements that apply to you:

_____ I need Community Service hours, Name of School/Organization _____
_____ Number of hours needed _____ Completion Date _____

_____ My High School Senior Class is looking for a Senior Class Project idea:
School Name _____

_____ I would like to receive information about horsemanship clinics, trainings, summer camps, and other educational opportunities and programs offered through the Grace Foundation.

_____ Other _____

_____ **Volunteer Opportunities** (Some volunteer positions will have a minimum age requirement, and will require training programs/horsemanship clinics provided through the Grace Foundation)

Check any of the following areas in which you would like to volunteer:

Equine Programs (Number of hours per week I can volunteer) _____

_____ Horse Maintenance & Care - I want to volunteer to help care for the horses including grooming, stall cleaning and general horse maintenance.

My horsemanship experience consists of the following:

_____ I own/previously owned a horse. When? _____ How long? _____

_____ I have taken private riding lessons. When? _____ How long? _____ Style? _____

_____ I have ridden rental pleasure horses. How many times? _____ Trail/Beach? _____

_____ Other experience _____

I can donate the following items for the horses _____

Training - I am interested in volunteering to help train the horses. Please list your training, courses, certifications, and explain briefly your horsemanship experience. _____

Therapeutic Programs (Some positions will require background check and fingerprinting)
(Number of hours per week I can Volunteer) _____



The Grace Foundation of Northern California

Non-Profit 501(c)(3) organization | Tax ID # 52-2444981

_____ Student Assistant - I am interested in volunteering to work with and assist students in therapeutic equine programs. Briefly describe your experience working with children.

Administrative Programs (*Number of hours per week I can Volunteer*) _____

_____ General Office - Assist with general office duties including addressing envelopes, typing mailing lists, making phone calls, running errands etc. (possibly from home).

_____ Fundraising Events - Assist with planning and execution of fundraising events, including obtaining sponsorships, silent auction items, and marketing events.

_____ Special Events - Assist with special events like walk-a-thons, staff an information booth, parades, etc.

Signature of Volunteer

Date

Signature of Parent/Guardian (if under 18 years of age)

Date

Complete forms and mail to: The Grace Foundation of Northern California, PO Box 4692, El Dorado Hills, CA 95762. Keep the "Safety Rules for Handling Horses" for your reference.

All information on this form is for The Grace Foundation's internal use only and is kept confidential.

OFFICE USE ONLY:

Input into computer by: _____

Forms returned: Vol. App. _____ Emergency _____ Liability _____ Photo

Background check: Requested _____ Completed _____ Result
