



Volunteer Information

Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Emergency Contact

Name: _____ Phone: _____

Email: _____ Relationship: _____

Are you a student?

Yes No

Are you a licensed therapist, counselor, or social worker?

Yes No

If yes, please list credentials:

Do you have any relevant certifications (PATH, EAGALA, etc)?

Yes No

If yes, please describe:



Do you have any food or drug allergies?

Yes No

If yes, please describe:

For safety purposes, do you have any medical conditions, medications, or physical limitations that could affect your participation while volunteering?

Yes No

If yes, please describe:

Do you have availability in the summer, primarily June and July, during the DAY?

Yes No

Weekly Availability:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM						
PM						

Background Checks: Windhorse requires all new volunteers who are working with children to complete a background check and all returning volunteers to complete a background check every three years. If you decide to volunteer in our program, we will send you the link to complete the background check.