

GREAT OAK VOLUNTEER INFORMATION SHEET

General Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

DOB: _____

Driver's License State: _____ Identification Number: _____

I, _____, authorize Great Oak to receive information from any law enforcement agency, including police departments and sheriff's offices, of this state or any other state or federal government, to the extent permitted by state and federal law, pertaining to any convictions I may have had to violations of state or federal criminal laws, including but not limited to convictions for crimes committed upon children or animals.

I understand that such access is for the purpose of considering my application as a volunteer and I expressly DO NOT authorize Great Oak, its directors, officers, employees, or any other volunteers to disseminate this information in any way to any other individual, group, agency, organization, or corporation.

Signature: _____ Date: _____

How did you hear about Great Oak? _____

Please indicate areas of interest:

Barn Support
Horse Care
Horse Handler/Leader
Side-Walker

Green Team
Social Media
Public Relations/Marketing
Office Support

Fundraising, Grant Writing
Special Events
Community Outreach

When are you available to volunteer?

| | 9AM - 11AM | 11AM - 1PM | 2PM - 4PM | 4PM - 6PM | 5PM - 7PM |
|-----------|------------|------------|-----------|-----------|-----------|
| Monday | | | | | |
| Tuesday | | | | | |
| Wednesday | | | | | |
| Thursday | | | | | |
| Friday | | | | | |
| Saturday | | | | | |

GREAT OAK VOLUNTEER HEALTH HISTORY

Emergency Contact

Name: _____

Phone: _____ Relation: _____

If Minor (under 18):

Parent/Guardian: _____ Phone: _____

Any Medical Information we should be aware of?

Allergies:

Medications:

Date of Last Tetanus Shot:

Signature: _____ Date: _____