

Swan Center Outreach – Volunteer Program Registration 3.17.17MR

NAME: _____ DATE: _____

☐ Adult ☐ Youth– if under 18, please list age: _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell _____ Work _____

Fax _____ E-mail _____

Occupation _____

Emergency contact (list parent or legal guardian if under 18): _____

Relationship: _____

Home Phone _____ Cell _____ Work _____

Do you have any concerns, fears, special needs, or limitations that you would like us to know about?

This information is for medical emergency reasons only, and will be kept confidential.

Do you have any Medical Conditions/ Allergies/Medications that you take on a regular basis? ☐ No ☐ Yes (If yes, please elaborate.)

Please fill out if you are applying for Community Service Hours?

Amount of weekly hours you wish to fulfill at SCO: _____

Community service hours are for: ☐ School or Work ☐ Court Mandated

If hours are Court Mandated, please list nature of offense:

How did you hear about us? _____

How do you hope you will benefit from volunteering at Outreach?

What excites you the most when you imagine yourself volunteering at Outreach?

Please list any previous horse experience: _____

Please list any skills – horse, general labor, administrative, fundraising, etc., that you would like to offer:

I agree that I will adhere to all of the Swan Center Outreach protocol and guidelines, and understand that if I do not, I may be dismissed from the volunteer program.

Signature

Date

Parent Signature & Agreement for minor to be in program.

Date

Swan Center Outreach

30625 Hasley Canyon Rd. • Castaic, CA 91384
Phone: 661-257-8669 • Web: swancenter.org • E-mail: SCO@swancenter.org