



Volunteer Application

Name: _____

Address: _____

Town: _____ Postal Code: _____

Home Number: _____

Cell Number: _____

Email Address: _____

What Horse experience do you have i.e. years, riding, stable care, grooming etc.

How did you come to Learn about SonFlower Stables

Start Date: _____

End Date: _____

Parent/Guardian Signature is required if the Participant is under 18 years of age

Please Print

Signature

Police Report is required if volunteering within our kids camp.