



Four Corners Equine
Rescue

VOLUNTEER APPLICATION

DATE _____

AGE (18 OR OLDER) YES__ No__

Name _____
(Last) (First) (Middle)

Address _____
(Street) (City) (Zip Code)

Telephone _____
(Home) (Work) (Cell)

E-mail address _____

Would you like to receive email notices from FCER? ___ Yes ___ No

Days/Hours Available:

Please list any equine related special skills or training you have:

Please list any physical disabilities/limitations etc. you may have:

Why do you want to volunteer?

Please list emergency contacts with phone number:

The \$25 fee for training includes the orientation and two additional “hands on” sessions.
The non-refundable training fee is due when the volunteer application is submitted.