



*Tender Touch  
Equine Inc.*

## Miniature Therapy Horses

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Phone \_\_\_\_\_ Contact \_\_\_\_\_

Current Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

References: Provide us with the names of two people (non-relatives) who you have know for at least 5 years

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Please list any previous volunteer work that you have done:

Organization	Contact Person	Phone	Dates
_____	_____	_____	_____
_____	_____	_____	_____

What specific talents do you have that can be used to further the mission of Tender

Touch Equine \_\_\_\_\_

\_\_\_\_\_

Which areas of Tender Touch Equine are you interested in working in:

Training \_\_\_\_\_ Grooming \_\_\_\_\_ Maintenance \_\_\_\_\_

Visitation \_\_\_\_\_ Education \_\_\_\_\_ Events \_\_\_\_\_

Fund-raising \_\_\_\_\_ Website \_\_\_\_\_ Social Media \_\_\_\_\_

Bookkeeping \_\_\_\_\_ Other \_\_\_\_\_

I verify that I am at least 18 years of age and the contents of this application are current and accurate. I authorize Tender Touch Equine Inc to contact my references and/or employer.

Signature \_\_\_\_\_ Date \_\_\_\_\_

OR

I am the parent or guardian of the minor applying to volunteer at Tender Touch Equine Inc. and I verify that the contents of this application are current and accurate. I authorize Tender Touch Equine Inc. to contact references and/or employer of minor.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Minors name \_\_\_\_\_