



## Volunteer Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Job or Phase Preference: \_\_\_\_\_

Any Past Experience: \_\_\_\_\_

Food Preference: Vegetarian - YES

Emergency Contact: \_\_\_\_\_

Emergency Contact Cell Phone: \_\_\_\_\_

**\*\* PLEASE PROVIDE A SIGNED CHP RELEASE FORM WITH YOUR COMPLETED APPLICATION:**

<http://www.carolinahorsepark.com/support/volunteer>