

Last Name _____: Date: _____



APPLICATION FORM



“Marley’s Mission is a place where hope comes alive for children and their families who have experienced trauma.”

Mark “X” for applicable selection

Type:

- _____ Internship – Identify University/College: _____ /Major _____
- _____ Practicum – Identify University/College: _____ /Major _____
- _____ Service Learning – Identify University/College: _____ /Major _____
- _____ Other

Contact Information:

Birth Date: _____ / _____ / _____

Last name: _____ First Name: _____

Preferred nickname: _____

Address: _____

City: _____

State: _____ Zip code: _____

Phone: Home: _____ Work: _____ Cell: _____

E-Mail: _____

Tell us about you!

How did you hear about Marley’s Mission? _____

Can we thank someone for referring you to Marley’s Mission? _____

Do you have previous experience working with horses? Please specify. _____

Do you have previous experience working with children? Please specify. _____

List any other skills, training or certifications you have which may be of benefit to our program: _____

Last Name _____:

Date: _____



Do you have anything else you would like to share with us that may benefit Marley's Mission? _____

Availability:

When are you available (semester/days/times):

I certify that the statements made in this volunteer application are true and correct and have been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest and I release Marley's Mission, Inc. from any liability whatsoever for supplying such information.

I understand that I will not be paid for my services as a volunteer.

Applicant Name: _____

Applicant Signature: _____ Date: _____

Parent/Legal Guardian Name: _____

Parent/Legal Guardian Signature: _____ Date: _____

(Parent/Legal Guardian Signature required if applicant if less than 21 years of age)

The following items are needed to complete this form:

- **Rcvd**____ Copy of Volunteer's Pennsylvania (or other state's) driver's license. (If applicable.)
- **Rcvd**____ If over the age of 18, copy of Federal Bureau of Investigation (FBI) fingerprint background check clearance issued by the Commonwealth of Pennsylvania Department of Public Welfare.
- **Rcvd**____ If over the age of 18, copy of Pennsylvania Child Abuse History Clearance check.

All forms and copies of documents will become the property of Marley's Mission, Inc., and will be retained during the Volunteer's tenure at Marley's Mission, Inc. and for a period of time after said Volunteer no longer works or volunteers at Marley's Mission, Inc. Said Volunteer will have access to such files according to the applicable local, state and federal laws.

RETURN COMPLETED FORMS to: Marley's Mission, 2150 Port Royal Road, Clarks Summit, PA 18411