

Volunteer Last Name \_\_\_\_\_



# VOLUNTEER APPLICATION FORM

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

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Today’s Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Contact Information:**

Last name: \_\_\_\_\_ First Name: \_\_\_\_\_

Preferred nickname: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip code: \_\_\_\_\_

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

E-Mail: \_\_\_\_\_

**Employment:** Employed: \_\_\_ Full Time \_\_\_ Part Time \_\_\_ Retired: \_\_\_ Other: \_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

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

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

**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. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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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:

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Do you have previous volunteer experience? Yes / No If yes, explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Volunteer Interests**

For which areas of the program would you like to volunteer? Check all that apply.

- |   |   |  |  |
|---|---|--|--|
| <b><u>@ the Farm</u></b>                  | <b><u>Committee Volunteer</u></b>         | <b><u>Certified Specialist</u></b>         | <b><u>Misc.</u></b>                      |
| <input type="checkbox"/> Administrative   | <input type="checkbox"/> Event Planning   | <input type="checkbox"/> Equine Specialist | <input type="checkbox"/> Wherever Needed |
| <input type="checkbox"/> Barn Chores      | <input type="checkbox"/> Fund Raising     | <input type="checkbox"/> Therapist         | <input type="checkbox"/> Other: _____    |
| <input type="checkbox"/> Barn Maintenance | <input type="checkbox"/> Public Relations |  |  |
| <input type="checkbox"/> Grounds Keeping  | <input type="checkbox"/> Ad Hoc           |  |  |
| <input type="checkbox"/> Horse Care       |   |  |  |
| <input type="checkbox"/> Lead/Side Walker |   |  |  |

If Volunteer is under 21 years of age:

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

Parents' Contact Numbers: \_\_\_\_\_

***If Volunteer is over 18, a Federal Bureau Investigation (FBI) fingerprint background check is requires, as well as the PA Child Abuse Clearance check.***



**Availability:**

Please consider your schedule and check a time that you could be regularly available.

Monday:    AM \_\_\_\_\_            PM \_\_\_\_\_

Tuesday:    AM \_\_\_\_\_            PM \_\_\_\_\_

Wednesday: AM \_\_\_\_\_            PM \_\_\_\_\_

Thursday:    AM \_\_\_\_\_            PM \_\_\_\_\_

Saturday:    AM \_\_\_\_\_            PM \_\_\_\_\_

Sunday:      AM \_\_\_\_\_            PM \_\_\_\_\_

**Medical Information:**

Please list any medical conditions that Marley's Mission, Inc. should be aware of and any emergency medicines or actions that may be necessary during your volunteer time at Marley's Mission, Inc. (E.g., nut allergies, other allergies, asthma, epilepsy, heart conditions, or other conditions.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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)



# VOLUNTEER APPLICATION STATEMENT OF TREATMENT PHILOSOPHY

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

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Briefly provide a statement of your volunteer philosophy.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*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.*

**Mail completed form to:**  
**Marley’s Mission**  
**Attn: Volunteer Committee**  
**PO Box 505**  
**Scranton, PA 18501**