



Volunteer Application
(Must be 14 yrs. old to Volunteer)

Please Email Completed Form to volunteer@clouddancersthp.org **OR**
Mail to PO Box 10489 Albuquerque, NM 87184

Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phones: (H) _____ (C) _____ (W) _____ Email: _____

If volunteer is under 18 yrs. Parent/Legal Guardian's Name: _____

Phones: (H) _____ (C) _____ (W) _____ Email: _____

How did you hear about Cloud Dancers (CD)? _____

Names of friends/relatives employed by or volunteering at CD: _____

Why do you want to volunteer for CD? _____

Are you presently able to perform the duties of the volunteer position (s) you have identified as of interest to you with or without reasonable accommodation? No Yes

Have you ever been convicted of a felony? Conviction of a crime is not an automatic bar. No Yes

Please describe the nature of the offense: _____

Court: _____ Sentence and Place: _____

Education and Experience

High School/GED Associates Bachelors Masters PhD Other

Present or Last Employer: _____ Start Date: _____ End Date: _____

Title and Responsibilities: _____

If applicable, Reason for Leaving: _____

Present or Previous Volunteer Experience

Dates	Organization	Position/Responsibilities	Reason for Leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



References

Name	Capacity/Years Known	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Applicant's Agreement

My answers to the questions on this application are true and complete. I authorize Cloud Dancers Therapeutic Horsemanship to investigate all references and information given. I agree that any false statement or misrepresentation on this application may be cause for refusal to appoint me to a volunteer position, or for immediate dismissal as a volunteer. I further understand that my work with Cloud Dancers will be subject to verification of legal age requirements or any applicable requirements for working with youth or adults with disabilities and passing a background check. I further understand that my relationship with Cloud Dancers may be terminated with or without cause at any time.

Applicant Name (Print): _____ **Signature:** _____ **Date:** _____

If Applicable, Parent/Legal Guardian (Print): _____

Parent/Legal Guardian Signature: _____ **Date:** _____

Office Use ONLY

Interviewer Name (Print): _____ **Signature:** _____ **Date:** _____

Applicant Start Date: _____ **Position:** _____