



Liebe Cornelia Hooves 2 Healing Foundation
5938 Hovan Ave. Plant City, FL, 33565
www.lch2h.org

Volunteer Application

Volunteer Application

(packet must be completed to be considered)





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Volunteer Application

Name: _____
Address: _____
City: _____ State / Zip: _____
Email address: _____
Phone Number: _____

Current Employer: _____
Phone Number: _____ Dates of Employment: _____
Equine Experience (years): _____ Veteran Status (optional): _____
Areas of Interest: Side Walking Administrative Fundraising
 Horse Handler Special Events Horse Care
Availability: _____

Previous Employment

Experience working with horses: _____
Experience working with disabled clients: _____

Employer: _____
Position Title: _____ Dates of Employment: _____
Supervisor Name and Contact: _____
Job Responsibilities: _____

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Position Title: _____ Dates of Employment: _____
Supervisor Name and Contact: _____
Job Responsibilities: _____

Specialty Certifications (CPR, First Aid, etc.): _____





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References

Name: _____ Phone Number: _____

How do you know this reference: _____

Name: _____ Phone Number: _____

How do you know this reference: _____

How did you hear about LCH2H: _____

I attest that all the information provided is accurate. I understand that providing false information will result in termination of volunteer status.

Signature

Date

