



Heavenward Farm and Horsemanship

VOLUNTEER APPLICATION

Morrow, OH 45152
Phone (513)265-4477
www.heavenwardfarm.org

I would like to get involved as a Site / Office / Program Volunteer : _____
(Circle One) Program

Print Name: _____
Last Name First Name Middle Initial

Previous or Maiden Name (if applicable) _____

Date of Birth ____/____/____

Home Address: _____

City: _____ State: _____ Zip: _____

List states and counties of residence, other than above, for the past seven (7) years:

County _____ State _____ County _____ State _____ County _____ State _____

Social Security Number _____ - _____ - _____

Driver's License Number _____ State Issued _____

County (i.e. Hamilton): _____

Home Phone: _____ Cell: _____

Email: _____

Occupation: _____ Employer: _____

How long there? _____

Church attended (if applicable): _____

What skills, training, education, and/or experiences do you have that might be useful when working with youth?

Do you speak a foreign language (If yes, which) _____ what level? _____

Emergency Contact Name: _____

Phone: _____ Relationship: _____

References ** Please complete all sections or the application will be returned to you

Please list two personal references (non-relatives, over 21 years old, who have known you well for more than one year, and can vouch for your suitability to work with youth. Please complete all information.

1. _____
Name Phone Number Email Address

Street Address City State Zip Relationship

2. _____
Name Phone Number Email Address

Street Address City State Zip Relationship

How long have you lived in Ohio? _____
If less than two years, please provide previous address

Have you ever been arrested? Yes _____ No _____ If yes, please explain:

Have you ever committed or been accused, charged, or alleged to have committed any act of neglecting, abusing or molesting any children? Yes _____ No _____ If yes, please explain in detail, providing date and place of the incident. Please attach another sheet if necessary:

Do you agree to have us check your name with the appropriate public authorities for matters of public record regarding your background or history? Yes _____ No _____

APPLICANT'S STATEMENT:

The information in this application is correct to the best of my knowledge. I authorize any References listed in this application to provide any staff associated with Heavenward Farm and Horsemanship (whether paid or volunteer) with any information regarding my character and fitness for work with minor children. I release all such References from any liability for furnishing such information to any staff associated with HFH (whether paid or volunteer) and I waive any right that I may have to inspect any written statements provided. I authorize HFH to verify the truthfulness of any information that I have provided through a criminal background (or other appropriate) investigation.

I authorize Heavenward Farm and Horsemanship to share any information that I have provided, any information obtained from the References I have listed, and any information obtained through a criminal background, motor vehicle check, or other appropriate investigation with any staff of HFH (whether paid or volunteer) when necessary to evaluate my acceptance or continuation as a volunteer in the Program. I authorize HFH and its partnering organizations to use my name, photograph, and /or video in its promotional materials.

I agree not to transport any youth in any vehicle as part of any Heavenward Farm and Horsemanship youth program unless I have completed the Driver's screening process (including the Driver agreement) and been informed by my Director that I have been cleared to drive. I also agree not to drive any youth unless another screened adult is present at all times (unless I have been cleared to do so).

Signature: _____ Date: _____

Printed name _____