Volunteer Application Form

Name:	Date of Birth:	
Address:		
City, State, Zip:		
Cell Phone:	Alternate Phone:	
Email:		
Social Security #:		
Tell us about yourself:		
Hobbies:		
Experience with Horses:		
Other Experience (circle): Fundraising C	Computer Work Marketing Gra	ant Writing
How would you like to contribute to MFM	IN?	
If Community Service: # Hours	by	(date)
I understand that my signature below au criminal background check including anin		•
Signature:	Date:	
THANK YOU for your interest in helping us care	e for our horses and making their lives	s as happy as possible!

Missouri Forget Me Not Horse Rescue and Sanctuary
501c(3) Non-Profit Corporation dedicated to caring for horses that have been the
victims of abuse, neglect, abandonment, or surrender.