

GEORGIA DEPARTMENT OF AGRICULTURE
Equine Health Section
 19 Martin Luther King, Jr. Drive, S.W., Atlanta, GA 30334
APPLICATION TO VOLUNTEER AT EQUINE IMPOUND FACILITIES

PERSONAL DATA

PLEASE TYPE OR PRINT CLEARLY IN INK.

DAYTIME TELEPHONE #:	EVENING TELEPHONE #:		
LAST NAME:	FIRST NAME:	MIDDLE INITIAL:	
ADDRESS:		APT. #:	
CITY/STATE:	ZIP CODE:	COUNTY:	
EMERGENCY CONTACT NAME 1:		NUMBER:	
EMERGENCY CONTACT NAME 2:		NUMBER:	

GENDER (Check One): Female Male

I certify that I am 18 years of age or older: Yes No

TYPE AND LOCATION OF WORK DESIRED (check all that apply):

- Regular Volunteer at Mansfield Equine Impound Facility Regular Volunteer at Decatur Critical Care Impound Facility
 Occasional Volunteer at Mansfield Equine Impound Facility Occasional Volunteer at Decatur Critical Care Impound Facility
 (*Regular volunteers must be able to lift 50 pounds and be able to push a wheelbarrow)

SKILLS (Check any which apply to you.)

- | | | |
|---|--|---|
| <input type="checkbox"/> Horseback Riding – novice | <input type="checkbox"/> Equine Experience - novice | <input type="checkbox"/> Construction – novice |
| <input type="checkbox"/> Horseback Riding – skilled | <input type="checkbox"/> Equine Experience – skilled | <input type="checkbox"/> Construction - skilled |
| <input type="checkbox"/> Horseback Riding - expert | <input type="checkbox"/> Equine Experience - expert | <input type="checkbox"/> Construction - expert |

WORK HISTORY (If additional space is needed, please attach a separate sheet.)

CURRENT OR LAST EMPLOYER	ADDRESS	
DESCRIPTIVE JOB TITLE	FROM (Month/Year)	TO (Month/Year)
DETAIL OF DUTIES		

LICENSES AND CERTIFICATIONS

TYPE	SPECIALIZATION	CERTIFICATE NO.	EXPIRATION DATE
LICENSED ELECTRICIAN			
LICENSED PLUMBING			
OTHER LICENSE – GIVE PROFESSION OR ORGANIZATION			

REFERENCES

NAME	ADDRESS	BUSINESS/OCCUPATION	PHONE NUMBER

Have you ever been convicted of a felony, or been found in violation of any law, rule, regulation, or quarantine administered by the Georgia Department of Agriculture? Yes No *If yes, please explain on a separate sheet of paper.*

REFERRED BY (if applicable): _____

ADDRESS: _____

 (Signature)

 (Date)