



NEW DAY

AN EQUINE ACHIEVEMENT PROGRAM

Application for Volunteers

We consider all applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

PLEASE PRINT

Last Name		First Name		Middle Initial
Address: Street	City		State	Zip Code
Home Phone	Cell Phone	Email Address		
If Case of Emergency Notify	Phone #	Name of Closest Relative	Phone #	

Current Employment

Employer	Dates Employed		Work Performed
	From	To	
Address			
Phone Number			
Job Title			

Dates that you would be available to volunteer: _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Available AM Hours						
Available PM Hours						

Do you have transportation? Yes No

Do you have a valid driver's license? Yes No License # _____ State _____

Do you have Liability Insurance? Yes No

Have you been convicted of a felony within the past 7 years? Yes No

Conviction will not necessarily disqualify an applicant from service.

If Yes, please explain: _____

Please check all areas in which you have experience:

- | | | |
|---------------------------------------------------|--------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Cooking food | <input type="checkbox"/> Concrete work | <input type="checkbox"/> Ropes: knots and lashings |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Decorating | <input type="checkbox"/> Roofing |
| <input type="checkbox"/> Horse Back Riding | <input type="checkbox"/> Diesel engine repair | <input type="checkbox"/> Sanding |
| <input type="checkbox"/> Therapeutic Horsemanship | <input type="checkbox"/> Web-site | <input type="checkbox"/> Sewing |
| <input type="checkbox"/> Landscaping | <input type="checkbox"/> Filing | <input type="checkbox"/> Sheet-metal work |
| <input type="checkbox"/> Maintenance repairs | <input type="checkbox"/> Food preparation | <input type="checkbox"/> Fencing |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Geocaching/orienteering | <input type="checkbox"/> Tent Set-up |
| <input type="checkbox"/> Tractor Driver | <input type="checkbox"/> Greeting customers | <input type="checkbox"/> Truck driving |
| <input type="checkbox"/> Tree trimming | <input type="checkbox"/> Bulletin boards | <input type="checkbox"/> Typing |
| <input type="checkbox"/> Leather craft | <input type="checkbox"/> Small projects | <input type="checkbox"/> Welding |
| <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Painting | <input type="checkbox"/> Window repairs |
| <input type="checkbox"/> Animal studies | <input type="checkbox"/> Gardening | <input type="checkbox"/> Writing reports |
| <input type="checkbox"/> Sports training | <input type="checkbox"/> Laundry skills | <input type="checkbox"/> Zero-Turn Mowers |
| <input type="checkbox"/> Woodworking | <input type="checkbox"/> Lawn Trimmers | <input type="checkbox"/> Tractor Driving |
| <input type="checkbox"/> Answering telephones | <input type="checkbox"/> Lead Small Groups | |

Personal References

Name	Address	Phone	Occupation	Relationship

Applicant Statement

(Read and Sign Below)

I certify that this volunteer application was completed by me and that all the information on this application is true and correct to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts called for herein will result in my disqualification from further consideration as a volunteer. I understand that this volunteer application is not valid without my signature.

Print Name	
Signature	Date

**CONSENT TO PERFORM CRIMINAL HISTORY/BACKGROUND CHECK
IN COMPLIANCE WITH THE FCRA
(FAIR CREDIT REPORTING ACT)**

New Day NKY

Last Name		First Name		Middle Name	
Address: Street	Apt #	City	State	Zip Code	
Telephone Number(s)		Date	Social security Number		
Date of Birth	*Race		*Gender		
License #		State Issued			

*** TO BE USED FOR CRIMINAL HISTORY CHECKS ONLY AND NOT A PART OF THE PERSONNEL FILE**

Maiden or other name(s) used in any and all other records of birth or records of residence.

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I, _____, am an applicant for employment or volunteer work with New Day NKY and have been advised that as a part of the application process, this ministry conducts a criminal history background check. I do hereby consent to New Day NKY the use of any information provided during the application process in performing the criminal history check. New Day NKY has informed me that I have the right to review and challenge any negative information that would adversely impact a decision to offer employment or volunteer work. In addition, I have been informed that I will have a reasonable opportunity to clear up any mistaken information reported within a reasonable time frame established within the sole discretion of New Day NKY. Under the fair Credit Reporting Act, I have been advised that upon request I will be provided the name, address and telephone number of the reporting agency as well as the nature, substance and source of all information.

The following are my responses to questions about my criminal history (if any).

1. ___ YES ___ NO Have you ever been convicted or pled guilty before a court for any federal, state or municipal criminal offense? (exclude minor traffic misdemeanors).

If yes, please provide details below.

State	County	Date of Offense / /
Details of convictions:		
1.		
2.		
3.		

Signature of Applicant

Date