



Dream Catcher Therapy Center, Inc.

End of The Trail Horse Rescue/Sanctuary

5814 Hwy 348 Olathe, CO 81425

Phone 970-323-5400 Fax 970-323-9090

www.dctc.org

Dear Prospective Volunteer:

Welcome and thank you for your interest in Dream Catcher Therapy Center. Volunteers are an invaluable asset to this organization, and we have many areas in which we could use your help. The following gives a brief description of duties that include volunteers.

Volunteer Duties:

- Cleaning stalls and arenas
- Sweeping the barn
- Working with or around horses
- Make sure that all equipment is put away and report any damaged pieces
- Clean tack
- Keep tack room cleaned and organized
- Help set up games in the arena
- Take pictures with our camera
- Office work
- Help feed and/or fill water tanks
- Participate in fund-raising events
- Helping at events

Note: The following list includes some considerations to ponder regarding volunteering for Dream Catcher Therapy Center, Inc.

1. We give priority to individuals who are able to commit to at least one time per week. Continuity is very important to ensure that all of the necessary chores are completed.
2. The DCTC Board of Directors and Staff are committed to providing all of its resident horses with the best quality of life possible. DCTC policies and procedures are developed with the horse's best interest in mind. Our first priority is the safety and welfare of both the volunteers and the horses. Because of liability issues, we cannot guarantee that volunteers will have any direct interaction with the horses.
3. Because barn and farm chores are labor intensive, all volunteers must have the ability to lift at least 30 lbs on a regular basis (water troughs, muck buckets, hay bales, etc.).
4. If you cannot commit to at least one time per week, but are interested in helping with fundraising efforts and /or membership, please let us know regarding your specific interests.
5. If you are under the age of 14, a parent or guardian must also complete an application and accompany you each and every time you volunteer.

Volunteer Application

Name: _____

Date: _____

Address: _____

Phone: _____

Cell: _____

Birth Date (mm/dd/yy): _____

Email: _____

1. What attracted you to our organization? Is there any aspect of our work that most motivates you to seek to volunteer at DCTC?

2. What would you like to accomplish by volunteering at DCTC? What would make you feel like you've been successful?

3. What have you enjoyed most about your previous volunteer work?

4. What did you least enjoy about your previous volunteer work?

5. What are your expectations as a volunteer at DCTC?

6. Please describe your horse experience, if any.

Have you had any training or experience working with people with disabilities on horses? Y N

7. What resources do you bring to DCTC (i.e. vehicle to trailer horses and/or pick-up hay, access to printing and reproduction services at discount, etc.)?

8. Please describe any special skills or talents you may have that would be helpful to DCTC.

9. Describe any physical limitations that may affect your ability to perform certain tasks.

10. If applicable, please share with us your profession, the position you currently hold at your place of employment, and your typical work schedule.

For the safety of our volunteers, staff and horses, all applicants over the age of seventeen must answer the following questions.

1. Have you ever been convicted of a felony? Yes ___ No ___
2. Have you ever been convicted of sexual offenses? Yes ___ No ___
3. Have you ever been convicted of animal cruelty? Yes ___ No ___

If you answered yes to any of the above questions, please explain:

What day(s) and time(s) can you regularly volunteer? Please check.

	Morning	Afternoon	Evening
Monday	___	___	___
Tuesday	___	___	___
Wednesday	___	___	___
Thursday	___	___	___
Friday	___	___	___
Saturday	___	___	___

Please circle the area(s) in which you would like to volunteer: Office Work, Marketing, Volunteer Recruiting, Newsletters/Articles, Public Relations, Stall Cleaning, Fundraising

Please list 3 references. Types of references suggested are: employment, volunteer organization, equine trainer/instructor, or friend.

1. Name: _____ Contact info: _____
Relationship: _____ Years known: _____
2. Name: _____ Contact info: _____
Relationship: _____ Years known: _____
3. Name: _____ Contact info: _____
Relationship: _____ Years known: _____

Volunteers under age 18 must have written parent/guardian consent: I consent to the participation as a volunteer for the Dream Catcher Therapy Center, Inc.

Applicant's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____