



THOROUGHBRED
RETIREMENT
NETWORK
of Louisiana

Volunteer Application

Contact Information

Name:	
Street Address:	
City ST ZIP Code:	
Home Phone:	
Work Phone:	
E-Mail Address:	
Are you over 18?	

Availability

During which days and hours are you available for volunteer assignments?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning:							
Afternoon:							
Evening:							

Interests

Tell us in which areas you are interested in volunteering:

- | | |
|---|---|
| <input type="checkbox"/> Website management | <input type="checkbox"/> Horse hunting/finding |
| <input type="checkbox"/> TRNL Events | <input type="checkbox"/> Hauling horses |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Working with the horses: Re-training-riding |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Working with the horses: Re-training-ground work |
| <input type="checkbox"/> Networking | <input type="checkbox"/> Working with the horses: Grooming and care |
| <input type="checkbox"/> Phone and email bank | <input type="checkbox"/> Working with the horses: Barn work and maintenance |
| <input type="checkbox"/> Newsletter production | <input type="checkbox"/> Securing sponsorships |
| <input type="checkbox"/> Volunteer coordination | <input type="checkbox"/> Presentations for interested groups |

Background with Horses and Thoroughbred Racehorses

Tell us about your background with horses and specifically, with Thoroughbreds:

Special Skills and/or Qualifications

Tell us about special skills and qualifications that you can bring to TRNL:

Previous Volunteer Experience

Summarize your previous volunteer experience:

Person to Notify in Case of Emergency

Name:	
Phone:	
E-Mail Address:	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed):	
Signature:	
Date:	
Name of Parent or Guardian if under 18:	
Signature of Parent or Guardian if under 18:	

Our Policy

It is the policy of the Thoroughbred Retirement Network of Louisiana to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

*Please return via email: cindy@thoroughbrednetwork.net, fax: 985.898.0559
or to: TRNL 77606 Hwy. 21, Covington, LA 70435*