

The Šúŋkawakǵáŋ Oyáte Horse Camp
Volunteer Intake Form • August 3rd – Aug 7th 2021

Volunteer name: _____

Volunteer Address: _____

Phone Number(s): _____ Email: _____

Volunteer Placement Organization: _____

Address: _____

Name of Emergency Contact : _____

Emergency Contact Phone Number: _____

Name of Doctor: _____

Doctor's Phone Number: _____

PLACEMENT:

1. I am willing to assist with the following tasks:

- Intake
- Set Up
- Tear Down
- Grooming
- Preparing or serving food
- Phone calls to volunteers, clients, or donors
- Facility maintenance
- Other tasks (please describe) _____

2. I have the following special skills to contribute:

3. I am available to help on the following dates and times:

___ Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___ Sat ___ Sun
___ Mornings ___ Afternoons ___ Evenings

Any specific hours? _____

4. Describe what you want to get from your volunteer experience:

- ___ Increase my skills in _____
- ___ Meet new people; professional networking
- ___ Social events
- ___ A sense of giving something back, of contributing to a good cause
- ___ Interest in / education in the work the organization does
- ___ Association with people I admire
- ___ Other (describe) _____