

Lipizzan Rescue Foundation www.LipizzanRescueFoundation.org

Volunteer Application

Please provide as much detail as possible.	Date
Name	Signature
Address	City, State, Zip Code
Home Phone	Mobile Phone
Occupation	E-mail Address
Please complete the following questions about yourself and your experience:	
How many years of experience do you have?	
Working with horses Working with Lipizzans Animal Health	
Grant Writing Legal Experience Merchandizing	
Business Experience Financial Experience Media Experience	
Working with SpreadsheetsGraphic DesignWebsite Design	
Social MediaFaceboo	k Pinterest
InstagramTwitter	LinkedIn
Writing for BusinessWriting Stor	riesYouTube
Google Word	Fundraising
Please describe your horse experience, based on the year of experience that you have marked above:	
Please describe any other experiences or talents that you would like to let us know about:	