



Blazing Prairie Stars, Inc.

Please list any relevant experiences, knowledge, and skills that you may want to share with BPS, Inc.:

Describe your abilities/experiences in working with horses:

Describe your abilities/experiences in working with people with disabilities:

Is this volunteer experience to fulfill requirements for school/other? If yes, please explain:

Is there anything else about yourself that you would like to share with us?

Please provide two references, a current phone number for each, and your relationship to each reference:

Name	Phone Number	Relationship
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I understand that BPS, Inc. is required to complete a background check on me in order to allow my participation in this program, and provide the following information about myself.

Have you ever been charged with or convicted of a crime? Y N If yes, please explain:

I, _____ authorize BPS, Inc. to receive information from any law enforcement agency, including police departments, sheriff’s departments, of this state or any other state or federal government, to the extent permitted by state and federal law, including but not limited to convictions for crimes committed upon children. I understand that such access is for the purpose of considering my application as a volunteer, and that I expressly DO NOT authorize BPS, Inc. employees or other volunteers to disseminate this information in any way to any other individual, group, agency, organization or corporation. I understand that if results of my background check are NOT satisfactory, my services as a volunteer will be discontinued.

Signature: _____
Volunteer

Date: ____/____/____



Blazing Prairie Stars, Inc.

VOLUNTEER GENERAL INFORMATION

Date: ____/____/____

Name: _____ SSN: _____

Phone: _____ (home) _____ (work) _____ (cell)

Best day, time, and number to reach you: _____

Address: _____

Employer/School: _____

Address (work): _____

Are you 16 or over? Y N If no, who will supervise your time? _____

How did you learn about the program?

Why do you want to volunteer with BPS, Inc.?

What would you like to gain from your participation in this program?

What is your availability? Please indicate the best days of the week and time(s) you can participate: