

Volunteer Application

And Service Agreement

Blue Grass Farms Charities
340 Legion Drive
Lexington, KY 40504
Office: 859-219-0910
FAX: 859-219-0670
www.bgfcky.org



A 501 (c) 3 health and human services organization providing support to those working in the Thoroughbred Racing Industry.

Rev 3/2015

Your Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Your Availability

During which hours are you available for volunteer assignments?

- Weekday mornings Weekend mornings
 Weekday afternoons Weekend afternoons
 Weekday evenings Weekend evenings

Your Interests

Tell us in which areas you are interested in volunteering

- Clerical
 Events
 Fundraising
 Newsletter (writing, production)
 Other

Special Skills or Qualifications

- Do you speak a language other than English? If yes, which language _____
 Do you have computer skills?
 Are you able to lift 20 pounds?
 Are you able to stand for an hour or more?
 Do you have any special skills you think would be helpful to our organization?

Our Policy

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

Previous Volunteer Experience

Please tell us about your previous volunteer experience.

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Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work 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. While volunteering for BGFC, I agree to adhere to safety requirements; use good judgment, maintain client confidentiality and understand that I volunteer at my own risk meaning that in the event that I incur injury I will not hold BGFC responsible.

Are you 18 years old? _____ Yes _____ No Parent/Guardian signature _____

(You must have approval from your parent or guardian to volunteer if you are under 18)

Name (printed)	
Signature	
Date	

