

Last name \_\_\_\_\_ Date: \_\_\_\_\_

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## APPLICATION FORM

“Marley’s Mission is a place where hope comes alive for children and their families who have experienced trauma.”

Mark “X” for applicable selection:

\_\_\_\_ Internship      University/College: \_\_\_\_\_ Major \_\_\_\_\_  
\_\_\_\_ Practicum      University/College: \_\_\_\_\_ Major \_\_\_\_\_  
\_\_\_\_ Service Learning      University/College: \_\_\_\_\_ Major \_\_\_\_\_  
\_\_\_\_ Other

### Contact Information

Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Last name: \_\_\_\_\_ First Name: \_\_\_\_\_

Preferred nickname: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

### Tell us about you!

How did you hear about Marley’s Mission? \_\_\_\_\_

Can we thank someone for referring you to Marley’s Mission? \_\_\_\_\_

Do you have previous experience working with horses? Please specify. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have previous experience working with children? Please specify. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any other skills, training or certifications you have which may be of benefit to our program: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Last name \_\_\_\_\_ Date: \_\_\_\_\_

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Do you have anything else you would like to share with us that may benefit Marley's Mission? \_\_\_\_\_

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### Availability

When are you available (semester/days/times): \_\_\_\_\_

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**I certify that the statements made in this volunteer application are true and correct and have been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest and I release Marley's Mission, Inc. from any liability whatsoever for supplying such information.**

**I understand that I WILL NOT be paid for my services as a volunteer.**

Applicant Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent/Legal Guardian Signature required if applicant if less than 21 years of age)

### The following items are needed to complete this form:

- Rcvd \_\_\_\_\_ Copy of Volunteer's Pennsylvania (or other state's) driver's license. (If applicable.)
- Rcvd \_\_\_\_\_ If over the age of 18, copy of Federal Bureau of Investigation (FBI) fingerprint background check \_  
clearance issued by the Commonwealth of Pennsylvania Department of Public Welfare.
- Rcvd \_\_\_\_\_ If over the age of 18, copy of Pennsylvania Child Abuse History Clearance check.

*All forms and copies of documents will become the property of Marley's Mission, Inc., and will be retained during the Volunteer's tenure at Marley's Mission, Inc. and for a period of time after said Volunteer no longer works or volunteers at Marley's Mission, Inc. Said Volunteer will have access to such files according to the applicable local, state and federal laws.*

### RETURN COMPLETED FORMS to:

Marley's Mission  
2150 Port Royal Road  
Clarks Summit, PA 18411