



# Volunteer Information Profile

S 6039 Pedretti Lane  
 De Soto, WI 54624  
 (608) 689-2399



*To better coordinate and recognize the efforts of our many wonderful volunteers, we at ASAP request that you complete the following VIP form. When volunteer opportunities arise that fit your profile, we will use the information below to contact you. If you are already involved as a volunteer, your profile is much needed for ASAP records. Thanks!*

Your Name:		Email:	
Street Address:		City:	State: Zip Code:
Home Phone:		Work Phone:	
Age (if under 18):		Parent or Guardian Name (if under 18):	
Please describe your interests and/or background with horses. (If you have already volunteered for ASAP, please tell us what you have done.) Use back of page as necessary.			
<b>What are your volunteer interests? (Please check all that apply.)</b> <input type="checkbox"/> Foster care <input type="checkbox"/> Horse training <input type="checkbox"/> Veterinary assistance <input type="checkbox"/> Grant writing <input type="checkbox"/> Grooming <input type="checkbox"/> Farrier assistance <input type="checkbox"/> Fundraising <input type="checkbox"/> Daily chores <input type="checkbox"/> Legal services <input type="checkbox"/> Horse fairs/shows <input type="checkbox"/> TLC for horses <input type="checkbox"/> Other: _____ <input type="checkbox"/> Advertising <input type="checkbox"/> Day camp <input type="checkbox"/> Public relations <input type="checkbox"/> Web promotion			
If you have special interests, skills, services or facilities you would like to share, please describe.			

As an ASAP volunteer, I understand that I must have prior written authorization from the ASAP director and/or officers for each instance I would like to

- a. Use the name and/or logos of the American Standardbred Adoption Program, Inc. (ASAP, Inc.) in any correspondence, media, publicity, flyers, press releases, or other materials;
- b. Act as representative of ASAP at meetings, interviews, horse fairs, demos, fundraising events or similar venues;
- c. Incur any expenses in the name of ASAP, including but not limited to board, vet care, dental care, farrier work, hauling, equipment, lodging, mileage, phone, office supplies, or other services and products. (If authorized to incur expenses, I understand that I need to submit an itemized statement of expenses from service providers to be considered for reimbursement.);
- d. Share or use for any purpose whatsoever knowledge of ASAP organization, policies and procedures as well as information related to ASAP horses, horse donors or adopters.

Initial here to verify that you understand the following liability statement: \_\_\_\_\_

*A person who is engaged for compensation in the rental of equines or equine equipment or tack or in the instruction of a person in the riding or driving of an equine or in being a passenger upon an equine is not liable for the injury or death of a person involved in equine activities resulting from the inherent risks of equine activities, as defined in section 895.481(1)(e) of the Wisconsin Statutes.*

Signature:

Date:

Parent or Guardian Signature (if under 18 years of age):

Date:

***Please mail your completed form to:***

**ASAP Inc.  
S 6039 Pedretti Lane  
De Soto, WI 54624**

**<http://www.4thehorses.com>**