

Volunteer Information Sheet  
*Thank you for showing an interest in Fidelis!*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License State: \_\_\_\_\_ Identification number: \_\_\_\_\_

How did you hear about Fidelis?

Do you have experience with horses?  
If yes, please explain?

**Emergency Contact:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relation: \_\_\_\_\_

**If Minor (under 18):**

Parent or Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

**Any Medical Information we should be aware of?**

**Payment Method**

Cash:  Check:  Check Number: \_\_\_\_\_

Payment Received:

Volunteer Signature: \_\_\_\_\_

Board Member Signature: \_\_\_\_\_

*The Fidelis Foundation of Myrtle Beach*  
*Changing Lives One Stride at a Time*