“Regular Volunteer” Information Form

This form is to be completed by all individuals that are interested in becoming a “Regular Volunteer” at one of the Georgia Department of Agriculture Impound Facilities. Please attach to the Volunteer Application.

Name: _____

Facility: ☐ Mansfield ☐ Decatur

Work availability: (Please check the days of the week and list the times you would be available to volunteer. Reminder: This will be on a weekly basis)

☐	Monday	_____ a.m.	_____p.m.	☐ all day
☐	Tuesday	_____ a.m.	_____p.m.	☐ all day
☐	Wednesday	_____ a.m.	_____p.m.	☐ all day
☐	Thursday	_____ a.m.	_____p.m.	☐ all day
☐	Friday	_____ a.m.	_____p.m.	☐ all day
☐	Saturday	_____ a.m.	_____p.m.	☐ all day
☐	Sunday	_____ a.m.	_____p.m.	☐ all day

Please give a brief explanation of your equine experience:

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Signature Date

8/27/04 MJD