



## “PROTECTING THE NATIONS HORSE“

### AHDF State Coordinator Volunteer Application

Thank you for your interest in becoming a State Coordinator for the American Horse Defense Fund (AHDF).

State Coordinators play a very important role within AHDF. The SC role can be challenging, but also very rewarding in that you will help to play a major role in the work AHDF undertakes to protect all equine species. We ask that you familiarize yourself with this position before applying so please read through the following summary of what the SC role entails and also look over the additional information found on our website at <http://www.ahdf.org/scoordinator.htm> before filling out the volunteer application. To submit your application, please complete this page and the following volunteer application and send them both to AHDF at the following address. You will be contacted when your application is received and reviewed. Thank you!

AHDF State Coordinator  
PO Box 328  
Covington, TN  
38019-9998

### **What is an AHDF State Coordinator (S.C.)?**

An AHDF State Coordinator (S.C.) is a volunteer who helps promote the goals and policies of the AHDF as set forth by AHDF. As S.C. you would become the primary contact for AHDF activity within your state. S.C.'s are very important to the work of AHDF. They generate AHDF membership, help educate people in their state about welfare issues concerning equine species, and gather support for legislation to protect equines. They conduct outreach activities and represent AHDF at shows and events in their area. S.C.'s initiate contact with groups and individuals in their state whomay be willing to offer support to AHDF. We ask that State Coordinators adhere to the goals, policies, procedures, direction, and practices of AHDF. We also ask for a commitment of 2 years and that S.C.'s try to attend our annual AHDF meeting.





VOLUNTEER APPLICATION FOR THE AMERICAN HORSE DEFENSE FUND  
INSTRUCTIONS

1. Please type or print legibly. 2. Answer all questions. 3. All applications must include signature and date on last page.

PERSONAL INFORMATION		
Date _____		
<i>First Name</i>	<i>Middle</i>	<i>Last Name</i>
Telephone	(    )	
Alternate/Cell	(    )	
Work number	(    )	
Address:		
Email:	@	
Birthday	/    /	
<b>EDUCATION/TRAINING</b> Elementary and/or High School (Circle Highest Grade Completed) 1 2 3 4 5 6 7 8 9 10 11 12		

Name and Location of Training Program	
College and/or University	
# of years attended	
Graduated Yes/No	
Degree (Type)	
Major	

List Additional Job-Related Course Work, Training, Skills or Experience that you feel would be helpful to your work for AHDF:

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**EMPLOYMENT and VOLUNTEER HISTORY**

Are you currently employed? Yes or No

(Resumes may be enclosed)

Please provide at least three examples of your employment and volunteer work experience. Please include present employer if applicable. Use the back of this sheet for additional information that you wish to include.

Company Name:

Telephone ( )

Address  
City  
State

Zip

Your Title Volunteer or Employment Dates?

---

---

---

Duties:

---

---

---

Company Name  
Address  
City  
State

Telephone (    )

Zip

Your Title Volunteer or Employment Dates?

---

---

---

Duties :

---

---

---

Company Name  
Address  
City  
State

Telephone (    )

Zip

Your Title Volunteer or Employment Dates?

---

---

---

Duties:

---

---

---

REFERENCES:

Please provide the names, addresses and phone numbers of two work/volunteer-related references and 2 personal references.

NAME COMPANY PHONE ADDRESS RELATIONSHIP and HOW LONG KNOWN

- 1. ( )
- 2. ( )
- 3. ( )
- 4. ( )

PERSONAL INTERESTS AND VOLUNTEER WORK WITH AHDF

- 1. How many hours per month would you like to volunteer for AHDF?  
\_\_\_\_\_ 4 hours(minimum) \_\_\_\_\_ 8 hours/2 hr week \_\_\_\_\_ 20 hours/5 hr week \_\_\_\_\_ other
- 2. We ask that volunteers commit to at least one year of work with AHDF. For how long a period of time do you wish to volunteer for AHDF?  
\_\_\_\_\_

3. When do you have the most time available for volunteer work?

Days Times \_\_\_\_\_

Nights Times \_\_\_\_\_

Weekends Times \_\_\_\_\_

4. Can you use a computer and do you have daily access to one? \_\_\_\_\_

5. Are you comfortable using the Internet? \_\_\_\_\_

6. How did you learn about AHDF? Are you an AHDF member?

---

---

EQUINE INTERESTS AND EXPERIENCE

1. Number of years working with horses?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Do you belong to any: \_\_\_\_\_ Online boards/email lists Riding clubs \_\_\_\_\_ Breed organization \_\_\_\_\_ Show organization (Provide details below)

---

---

---

---

3. Do you: \_\_\_\_\_ Teach \_\_\_\_\_ Board horses (if so how many ) \_\_\_\_\_ Judge Work for or volunteer with a rescue (if so, in what capacity? Provide details below)

---

---

---

---

4. What specific type/breed/discipline of horses/riding interests you?

---

---

---

---

---

---

---

---

5. Have you ever sold a horse at auction? If so, please explain:

---

---

---

---

6. Do you ride? If so, what style/discipline?

---

---

---

---

---

**Acknowledgment and Signature**

I certify that all of the above information contained herein is correct and true. I also authorize any AHDF official to verify the personal, employment and reference information I have stated on this application in considering me for a volunteer/internship position with AHDF. Signature Date

Please mail this completed form to:

**AHDF State Coordinator**  
**American Horse Defense Fund, Inc.**  
PO Box 328  
Covington, TN  
38019-9998  
Questions? 1-202-609-8198  
Email: AHDF@bellsouth.net

FOR OFFICE USE ONLY –
Date received _____
Application reviewed by _____
Date reviewed _____
Reference check
completed _____
OFFICE USE (Applicants: Please do not use this area in filling out application)
Comments _____
_____
_____



If you need would like to additional information, please please it here. Thank you!

---

---

---

---

---

