

Volunteer Application Form

If you would like to volunteer for FENCE, simply complete the form below and either email, mail, or fax it to us. Thank you for your support!

CONTACT INFORMATION											
Full Name:											
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Addr	ess: Street Address					Apartment/Unit #					
						·					
	City				State	ZIP Code					
	J.,				Oldio	0000					
Home Phone:			Email A	ddress:							
Volunteer Preferences											
Have you participated in any FENCE programs or events?											
	Yes	If so	, which ones?								
	No										
Whe	n is the best time to con	tact you	ı by telephone?								
Whe	n is the best time to con Morning	tact you	u by telephone? Evening								
_		tact you									
	Morning		Evening Anytime								
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Volunteer Preferences (Cont.)									
Outdoor Recreation:									
	Hiking		Orienteering						
	Camping		Gardening / Landscaping						
Equestrian:									
	Rider		Horse Show Staffing						
	Trainer		TROT (Therapeutic Riding of Tryon)						
Administrative:									
	Event Planning / Staffing		Equipment Maintenance / Mechanical Skills						
	General Office Skills								
Computer Skills:									
	Microsoft Office Suite		Internet / Web Design		Desktop Publishing				
	Database Management		Digital Photography		Networking				
Other skills I can contribute:									

Send completed application to:

 $\underline{\mathsf{Email}} : \mathsf{info@fence.org}$

Mail: 3381 Hunting Country Road, Tryon, NC 28782

Fax: 828-859-9315