



Dear Interested Volunteer:

Imagine the beauty of pairing bereaved children with the power and magnificence of horses. Imagine children healing, re-learning to trust, remembering how to smile and being guided towards happiness again. Imagine Tomorrow's Rainbow.

My name is Abby Mosher and I am the Founder/Executive Director of Tomorrow's Rainbow. After a personal tragedy changed my life, I realized that there was a population of children in our community that were far too often being overlooked- bereaved children. I founded Tomorrow's Rainbow to fill that void.

I am very excited that you have shown an interest in becoming a volunteer at Tomorrow's Rainbow. Attached you will find our volunteer application. If you have any questions, we will be glad to help you. Simply contact me at [abby@tomorrowrainbow.org](mailto:abby@tomorrowrainbow.org) or you can call us at the number listed below. After we receive your application, we will contact you regarding our next available volunteer orientation date.

Thank you for your interest in Tomorrow's Rainbow! I look forward to meeting you.

Sincerely,

Abby



A 501(c)(3) not-for-profit corporation registered in the state of Florida #CH18023

**Please complete application and return to:**  
**Tomorrow's Rainbow, Inc., 4341 Northwest 39<sup>th</sup> Avenue, Coconut Creek, FL 33073, (954)978-2390**

**PERSONAL DATA**

Name

Last	First	Middle
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Address

Street	Apartment	City, State, Zip Code
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Telephone

Home:	Cell:	E-Mail Address:
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Do you drive? Yes \_\_\_ No \_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_

Do you have access to transportation if you do not drive? Yes \_\_\_\_\_ No \_\_\_\_\_

In case of an emergency while volunteering, please list someone we may call on your behalf.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone: Daytime \_\_\_\_\_ Evening \_\_\_\_\_

How did you hear of this volunteer opportunity?

\_\_\_\_\_

**AVAILABILITY**

Date available to start volunteering for Tomorrow's Rainbow:

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Please indicate your approximate days and hours of availability.

Days: MON \_\_\_\_\_ TUE \_\_\_\_\_ WED \_\_\_\_\_ THU \_\_\_\_\_ FRI \_\_\_\_\_ SAT \_\_\_\_\_ SUN \_\_\_\_\_

Number of hours per week \_\_\_\_\_

Check any special skills, licenses, certifications, trade, awards, publications, or other related items.

Accounting	Law	Statistical Research
Computers	Law Enforcement	Translation/Languages
Database Management	Desktop Publishing	Library Research
Microsoft® Office	Writing/Editing	Receptionist
Typing WPM	Office Equipment	Horse Ownership
Graphic Design	Photography	Equine Experience
Fund-Raising	Public Speaking	Other:
Grant Writing	Internet Research	

Please check the volunteer opportunity that you would like to participate in.

Fund-Raisers	Daily Horse Maintenance	General Office Work
Special Events	Program Mentor	Other:

List any languages, other than English, which you speak fluently:

\_\_\_\_\_

## EDUCATION

Educational background: High School Diploma/GED: Yes \_\_\_\_\_ No \_\_\_\_\_

College \_\_\_\_\_ Degree received \_\_\_\_\_

## CURRENT EMPLOYMENT

Employer \_\_\_\_\_

Address \_\_\_\_\_

Number

Street

City

State

Zip Code

Telephone Numbers \_\_\_\_\_

Name and Title of Supervisor \_\_\_\_\_

Job Title/Position \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

**VOLUNTEER EXPERIENCE**

Organization \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Supervisor \_\_\_\_\_ Telephone # \_\_\_\_\_

Brief description of responsibilities:

\_\_\_\_\_

Organization \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Supervisor \_\_\_\_\_ Telephone # \_\_\_\_\_

Brief description of responsibilities:

\_\_\_\_\_

**TELL US A LITTLE ABOUT YOURSELF.....**

What are your hobbies and interests? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you prefer an office setting or a more active role? \_\_\_\_\_

What is the ideal volunteer job for you? In other words...what is your passion? \_\_\_\_\_

\_\_\_\_\_

**REFERENCES**

List three references (not related to you) who have known you for five years or more.

1. Name \_\_\_\_\_ Daytime Telephone \_\_\_\_\_

Address \_\_\_\_\_

2. Name \_\_\_\_\_ Daytime Telephone \_\_\_\_\_

Address \_\_\_\_\_

3. Name \_\_\_\_\_ Daytime Telephone \_\_\_\_\_

Address \_\_\_\_\_

Have you ever been CONVICTED of a FELONY or MISDEMEANOR? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, explain below.

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### AUTHORIZATION TO RELEASE INFORMATION

By signing the statement below, you certify that the information you have supplied us is true and correct to the best of your knowledge.

In the consideration of my application for a volunteer position with Tomorrow's Rainbow, Inc.: (1) I hereby consent to being fingerprinted by a designated representative of a law-enforcement agency for the purpose of Tomorrow's Rainbow, Inc. obtaining information needed to determine my suitability for a volunteer position; (2) I hereby release (a) Tomorrow's Rainbow, Inc. (b) any and all state and/or federal law-enforcement agencies that are involved in obtaining my fingerprints, and/or investigating my criminal record, and/or communicating results on the investigation to Tomorrow's Rainbow, Inc. and (c) the representatives, employees, and agents of the aforementioned entities of any and all claims, actions, liabilities whatsoever arising from my being fingerprinted, investigated, and the results of the investigation being communicated to Tomorrow's Rainbow, Inc.

My relationship with Tomorrow's Rainbow, Inc. can be ended by myself or Tomorrow's Rainbow, Inc. with or without cause or notice, at any time.

I, the undersigned, authorize and consent to any person, firm, organization, or corporation provided a copy (including photocopy or facsimile copy) of this Authorization to release to Tomorrow's Rainbow, Inc. any and all information or records requested by Tomorrow's Rainbow, Inc. regarding my relationship to such person, firm, organization, or corporation including, but not necessarily limited to employment records, military records, criminal information records (if any), in connection with my application to be a volunteer for Tomorrow's Rainbow, Inc.

Any person, firm, organization, or corporation providing information or records in accordance with this Authorization is released from any and all claims or liability for compliance.

Applicant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Applicant's Current Address \_\_\_\_\_  
\_\_\_\_\_

Applicant's Social Security Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness to Signature \_\_\_\_\_ Date \_\_\_\_\_

**Tomorrow's Rainbow, Inc.**  
4341 Northwest 39<sup>th</sup> Avenue, Coconut Creek, FL 33073

WARNING

UNDER FLORIDA LAW, AN EQUINE ACTIVITY SPONSOR, OR EQUINE PROFESSIONAL, IS NOT LIABLE FOR AN INJURY TO, OR THE DEATH OF, A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.

RELEASE AND INDEMNITY AGREEMENT

In consideration of the acceptance of my participation and/or the participation of my child or ward, in any equine assisted activity and/or any activity sponsored by Tomorrow's Rainbow, Inc., Hit the Hay, Inc., and/or Abby J. Mosher, and with the understanding that a horse may be startled by sudden movement, noise or other factors, and may shy suddenly, rear, stop short, bite, buck, kick or run with its driver/rider, especially when the program is conducted in a natural setting, as this program is, I AGREE TO ASSUME THE RISKS incidental to such participation including, but not limited to, those risks set out above, and, on my own behalf, on the behalf of my child or ward, and on behalf of my child's or ward's heirs, executors and administrators, RELEASE and forever discharge the released parties defined below, of and from all liabilities, claims, actions, damages, costs or expenses of any nature, arising out of or in any way connected with my participation and/or the participation of my child or ward in such equine grief guidance program and further agree to indemnify and hold each of the released parties harmless against any and all such liabilities, claims, actions, damages, costs or expenses, including, but not limited to, attorney's fees and disbursements. The released parties are Tomorrow's Rainbow, Inc., Hit the Hay, Inc., their parent, related, affiliated and subsidiary companies, and the officers, directors, employees, agents, representatives, volunteers, guests, landholders, land owners, successors and assigns of each. I understand that this release and indemnity agreement includes any claims based on the negligence, actions or inaction of any of the above released parties and covers bodily injury and property damage, whether suffered by me, my child or ward before, during or after such participation. I further authorize medical treatment for said child or ward, at my cost, if the need arises.

\_\_\_\_\_  
Signature of participant

\_\_\_\_\_  
Print name of participant

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Equine Activity Sponsor

\_\_\_\_\_  
Date