

Volunteer Information

Gold Buckle Champion

Gold Buckle Champions... to further the education of equine health and safety while preserving our western heritage and history by means of promoting equine events incorporating the youth and community.

Imagine the Champion in Upu

To laugh often and much, to win the respect of intelligent people and the affection of children, to earn the appreciation of honest critics and endure the betrayal of false friends, to appreciate beauty, to find the best in others, to leave the world a bit better, whether by a healthy child, a garden patch... to know even one life has breathed easier because you have

Send forms to:
Gold Buckle
Champion
PO Box 70
Kuna, ID 83634

lived. This is to have succeeded!

-Emerson

sueicha@idahocha.com
208-890-9774

Volunteer Information (please print or type)
Include a copy of valid government issued photo identification

Name - First - Last			
Address			
City, State, Zip			
Occupation/Employer			
Work Address			
Telephone Work/Cell			
Date of Birth			
E-Mail			
Driver's License#:		Sta	te:
Community affiliations (Clubs, Service Organizations, etc.): Previous volunteer experience:			
Do you have children	in the program? □Ye	s □No If yes,	list full names and ages?
Special Certification (CPR, Medical, etc.): _		
Have you ever been co	onvicted of or plead o	uilty to any crin	ne(s) involving or agains
a minor?: Yes No If yes, describe each in full:			
a minor?: U Yes UN	o If yes, describe	each in full:	
Are there any criminal	l charges pending ag	ainst you regard	ing any crime(s) involvin
or against a minor? Yes No If yes, describe each in full:			
J	,	•	
Have you ever been re	efused participation i	n any other you	th programs? 🗆 Yes 🗖 N
If yes, explain:			
Signature(s)			
Signature of Parent of	Guardian		
Date			