



AREA COORDINATOR APPLICATION

Name : _____ Date: _____

Address: _____

Tel #: Home _____ Work _____ Cell _____

Which tel # (s) would you like listed in our newsletter? _____

Email address: _____

What county do you live in? _____

County(ies) That You Can Cover: _____

How long have you been a member of GERL? _____

How Many Horses Do You Currently Own: _____

How Many Years of Horse Experience Do You Have: _____

Additional Comments: _____

Veterinarian Name & Contact Information: _____

Are You Comfortable With Public Speaking? _____

Would you be comfortable introducing yourself as an agent of GERL to an owner of a horse/s that is uncared for with the hope of educating the owner and possibly helping the animal/s? _____

How do you feel about euthanasia? _____

Do you own a truck and trailer and if so would you be available to help haul horses? _____

Are you available to help in emergencies in your area? _____

Signature

Date

Georgia Equine Rescue League
P.O. Box 328
Bethlehem, GA 30620
Phone: 770-464-0138

With your help...we will make a difference.