

Pony Pals Therapeutic Riding Association Volunteer Application Form

Name: _____ Date: _____

Street address: _____

City: _____ Postal Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ e-mail: _____

Current Occupation: _____

Previous work experience: _____

B.C. Care Card #: _____ Birthdate: _____

Emergency Contact: _____ Phone: _____

Date of last Tetanus shot: _____

Allergies? _____ Medications? _____

Any health conditions we should be aware of? _____

Please select the day(s) and indicate hours you are available to volunteer:

Mon Tues Wed Thurs Fri Sat

Hours available: 12-3pm 3-6pm 6-9pm other (pls indicate)

There are many different ways that volunteers can help, please check any areas that interest you.

Helping in classes Grooming/tacking-up Training/riding horses Cleaning tack

Paddock/stall cleaning Gardening Farm repairs Fundraising

Special events Tidy lounge

Other _____

Please outline any experience you have with horses and/or children with or without a disability.

Thank you!

Please return this form via email to info@ponypals.org