Volunteer Application Equi-Libre Therapeutic Riding Centre



Information about the volunteer						
Full name:	Date of birth:					
Telephone (day):	Telephone (evening):					
Address:						
City:	Postal code:					
Email address:						
Emergency information						
Emergency contact :	Relationship to volunteer:					
Telephone (day):	Telephone (evening):					
How would you like to volunteer your time?						
Thow would you like to volunteer your time						
Please choose one or more options below:						
O Horse leader (during lessons)	O Administrative help					
Stable work (muck stalls, stack hay etc)	Represent ELTRC during events					
◯ Side-walker (during lessons)	Participate in committees					
Clean equipment & barn (saddles, bridles, groom kits, barn)	Exercise and train horses (experience required)					
Feed horses (grain, hay & water)	Facility maintenance (repair fences, mow grass etc.					
Availability (frequency)						
How often are you available to volunteer :						
○ Weekly ○ Bi-weekly ○ Monthly						
Would you be available for last minute replacement if needed?						
○ Yes ○ No						

Volunteer Application Equi-Libre Therapeutic Riding Centre



	•		his form just gi	•	ral idea of	your availabi	ility. We		
will be in a			irm more speci	,		<u>, </u>			
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY		
Morning (9am- 12)	0	0	0	0	0	0	0		
Après- midi (1 – 4 pm)	0	0	0	0	0	0	Ο		
Soir (4-7pm)	0	0	0	0	0	0	0		
			_						
_			ining, certifica se University		s? For exar	nple- First Ai	d,		
photography, CPR, Sign Language, University degree etc):									
Do you have any community affiliations (clubs, service organizations):									
bo you have any community anniations (clabs, service organizations).									
Tell us about any previous volunteer experience :									
Briefly describe your horse experience :									
Full name of volunteer (printed):									
Signature	:				Date:				