



## Volunteer Application

Date: \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Postal Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email \_\_\_\_\_  
Current Occupation: \_\_\_\_\_  
Relevant work experience: \_\_\_\_\_  
B.C Care Card # \_\_\_\_\_ Birthdate \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_ Phone # \_\_\_\_\_  
Date of last Tetanus Shot \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Medications: \_\_\_\_\_  
Any relevant medical/health conditions: \_\_\_\_\_

**Please indicate general day(s) and hours you are available – we understand this may vary!**

Tuesday  All day  10-12  12-2  2-4  4-6

Wednesday  All day  10-12  12-2  2-4  4-6

Thursday  All day  10-12  12-2  2-4  4-6

Friday  All day  10-12  12-2  2-4  4-6

Saturday  All day  10-12  12-2  2-4  4-6

**PPTRA is closed Sundays, Mondays & all Statutory Holidays unless there is a special event.**

Please check all areas of interest to you:

Helping in class  Grooming/tacking up  Training / riding  Tack cleaning

Paddock/stall cleaning  Gardening  Farm repair  Fundraising  Tidy lounge

Other \_\_\_\_\_

Please outline any experience you have with horses and or children/Adults with or without disabilities.

\_\_\_\_\_  
\_\_\_\_\_

We are so grateful for your interest in supporting our programs and those we serve! Please return to [info@ponypals.org](mailto:info@ponypals.org) & we will contact you for a no- commitment orientation!