



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 volunteer@ponypals.org & we will contact you for a no- commitment orientation!