



Pony Pals Therapeutic Riding Association Volunteer Application and Information Sheet

Name: _____ Date: _____
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 other health conditions we should be aware of?

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

Monday:

Tuesday

Wednesday

Saturday:

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

Helping in classes

Grooming/tacking up

Training/riding horses

Tack cleaning

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.
