



3100 McCormick Rd. Harrow, Ontario N0R 1G0 (519)322-8365

Volunteer Application Form

Full name of Applicant: _____ Date of Birth: (m/d/y) _____
 Address: _____ City: _____ Postal Code: _____
 Phone: (h) _____ (w) _____ (other) _____
 Workplace/School: _____
 e-mail: _____ Fax: _____

Please check off the items for which you would like to be contacted to volunteer:

- | | |
|--|---|
| <input type="checkbox"/> Board of Directors
<input type="checkbox"/> Fundraising Committee
<input type="checkbox"/> Program Committee

<input type="checkbox"/> Fundraising Events
<input type="checkbox"/> Trivia Night
<input type="checkbox"/> Golf Tournament
<input type="checkbox"/> Bingos | <input type="checkbox"/> Participant Centred Activities
<input type="checkbox"/> Riding Lessons
<input type="checkbox"/> Grooming and Stable Work
<input type="checkbox"/> Tack Cleaning

<input type="checkbox"/> Other Activities
<input type="checkbox"/> Presentations
<input type="checkbox"/> Public Relations |
|--|---|

Please check off any special skills you possess which may be of service to SpEqTRA:

- Occupational Specialty
 - Physiotherapy
 - Occupational Therapy
 - Handy Man
 - Carpenter
 - Other: _____

Describe in detail any skills not listed above that you possess that may be beneficial to SpEqTRA.

Outline previous experience working with children. Please be specific.

Describe any horse related experience. Please be specific.

Availability (circle all that apply):

Monday *day afternoon evening* Friday *day afternoon evening*
Tuesday *day afternoon evening* Saturday *day afternoon evening*
Wednesday *day afternoon evening*
Thursday *day afternoon evening*

Please provide two references from people who have known you for more than two years (not a relative):

Name: _____ Relationship to Applicant: _____
Address: _____
Phone: (h) _____ (w) _____ (other) _____

Name: _____ Relationship to Applicant: _____
Address: _____
Phone: (h) _____ (w) _____ (other) _____

Emergency Contact Information:

Name: _____ Relationship to Applicant: _____
Address: _____
Phone: (h) _____ (w) _____ (other) _____

Date Application Completed: _____

Return to: SpEqTRA
 3100 McCormick Rd.
 Harrow, ON
 (519) 322-8365
 Attention: Program Coordinator

For Office Use Only: Date of Orientation: _____ Notes: _____ _____ Date of Withdrawl: _____ Reason: _____
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