

Volunteer Application for SCCR



Contact Information

Name	
Street Address	
City Prov. Postal Code	
Home Phone	
Work Phone	
E-Mail Address	

Availability

During which Days are you available for volunteer assignments? Please indicate am or pm shift

Morning shift 7am - 9am

Afternoon shift 4pm - 6pm

Monday: Am / Pm

Thursday: Am / Pm

Sunday: Am / Pm

Tuesday: Am / Pm

Friday: Am / Pm

Wednesday: Am / Pm

Saturday: Am / Pm

Interests

Tell us in which areas you are interested in volunteering

Events

Training

Feeding

Marketing

Fundraising

Field Work

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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Previous Equestrian Experience

Summarize your previous Equestrian experience and your level of riding if applicable.

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Person to Notify in Case of Emergency

Name	
Street Address	
City Prov. Postal Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.