



Volunteer Application for SCCR

Contact Information

Name:		Date of Birth:	
Street Address			
City, Postal Code:			
Home Phone:			
Cell Phone:			
Email Address:			

Availability

During which days are you available for volunteer tasks?

Please indicate AM or PM shift.

Morning Shift: 7am - 10am

Afternoon Shift: 3pm - 6pm

Monday: ___ AM/PM

Thursday: ___ AM/PM

Sunday: ___ AM/PM

Tuesday: ___ AM/PM

Friday: ___ AM/PM

Wednesday: ___ AM/PM

Saturday: ___ AM/PM

How many days a month are you available to volunteer? _____

Do you have Horse Council of BC Insurance? Y/N _____

If yes, please provide HCBC# & expiry date : _____

Restrictions

Do you have any health concerns or restrictions that may limit your volunteering?

I.e. - Allergies, History of Seizures, Musculoskeletal Injury, Unable to lift

Special Skills or Qualifications

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

I.e. First Aid Training, Marketing background, Event planning, Teaching,

Previous Equestrian Experience

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

Person to Notify In Case of Emergency**Name:****Phone Number:****Relationship:****References – Please include one personal and one professional reference.****Name & Relationship:****Phone Number:****Name & Relationship:****Phone Number:****Agreement & 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 immediate dismissal.

Name & Signature:**Date:****ADMIN Only:****Sub Date:** _____ **Orientation Date:** _____ **By Whom:** _____**Start Date:** _____ **Comments:**