



VOLUNTEER APPLICATION

If you would like to join our amazing volunteer crew, please read the application carefully and give us all the details of your previous experience in volunteering or horse experience. We'll be in touch as soon as we possibly can.

* Volunteers working with horses must be aged 18 or over.

Please return this application to admin@kalinahorserescue.org

First Name: _____ Last Name: _____

Address: _____

Date of Birth: _____ Phone Number: _____

Email (please double check): _____

Do you have any medical conditions? _____

Area of Volunteer Interest:

- ☐ Working with the horses
- ☐ Property maintenance
- ☐ Vehicle maintenance
- ☐ Other _____

Please select the dates you are available:

- | | | |
|------------------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> AM | <input type="checkbox"/> PM |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> AM | <input type="checkbox"/> PM |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> AM | <input type="checkbox"/> PM |
| <input type="checkbox"/> Thursday | <input type="checkbox"/> AM | <input type="checkbox"/> PM |
| <input type="checkbox"/> Friday | <input type="checkbox"/> AM | <input type="checkbox"/> PM |
| <input type="checkbox"/> Saturday | <input type="checkbox"/> AM | <input type="checkbox"/> PM |
| <input type="checkbox"/> Sunday | <input type="checkbox"/> AM | <input type="checkbox"/> PM |

M 0411 053 853 | **E** admin@kalinahorserescue.org | **W** kalinahorserescue.org

A PO BOX 45 Stoneville WA 608

ABN 4973 4804 991

Why do you want to volunteer?: _____

Have you done volunteer work before?: _____

If yes, please elaborate: _____

Do you have experience working with horses in the past 5 years?*: _____

If yes, please elaborate: _____

Please tell us anything you think is relevant to your previous experience in volunteering or with horses
(including work/industry experience):

I hereby agree that all information on this form is 100% correct at the date shown.

Full Name: _____

Signature: _____

Date: _____

M 0411 053 853 | **E** admin@kalinahorserescue.org | **W** kalinahorserescue.org

A PO BOX 45 Stoneville WA 608

ABN 4973 4804 991