



Volunteer Application Form

Contact Details:

First name: _____ Surname: _____

Address: _____ Suburb: _____

Postcode: _____ Email: _____

Day time phone: _____ Mobile: _____

Emergency Contact Details:

Emergency Contact: _____

Relation to you: _____ Phone number: _____

Please circle

Are you over the age of 18 years? YES NO Age if under: _____

Do you have any physical disabilities / injuries? YES NO If yes, please provide details: _____

Do you have a current drivers licence? YES NO

Do you have your own means of transport? YES NO

Can you drive a manual car? (not essential) YES NO

If required, would you be able to competently tow a CLSR&R horse to and from the vet? YES NO

Would you be willing to undergo a Police Check? YES NO If No, please provide details why: _____

What days / hours are you able to regularly contribute? (this is just to give us a rough idea)

Monday AM / PM Tuesday AM / PM Wednesday AM / PM

Thursday AM / PM Friday AM / PM Details: _____

Saturday AM / PM Sunday AM / PM _____

What can you bring as an individual to Chapel Lodge Standardbred Rescue & Rehabilitation?



Chapel Lodge Standardbred Rescue & Rehabilitation

276 Johns Road
Lewiston SA 5501

Email: chapellodgerehab@gmail.com

Web: www.chapellodge.webs.com

Volunteer Application Form July 2015

Why do you wish to apply as a volunteer for Chapel Lodge Standardbred Rescue & Rehabilitation?

What previous volunteer experience, if any, do you have?

What previous horse handling experience, if any, do you have?

Applicant Signature _____ Date ____/____/____

Thank you for your application.

A representative from Chapel Lodge Standardbred Rescue & Rehabilitation will be in contact with you shortly.