VOLUNTEER APPLICATION FORM (over 18's)

Name:	Date of Birth				
Address:	Tel	: Daytime			
		Evening			
	Mo	bile			
	Email Addre	ess			
Occupation:					
******	*****		********* Delete as appropriate		
Do you currently own, or have you ever ow (Please give brief details)	vned an Equine/Farm	animal?	Yes/No		
Do you have experience of Animal Rescue (Please give brief details)	e/Animal Welfare/Ch	arity Work?	Yes/No		
How much time could you give each week	?		hours/week		
Would you be able to commit to giving tim (Please give details)	e on a regular basis?		Yes/No		
If as an which day(a) of the week?					
If so, on which day(s) of the week? (Please give details)					

Are you physically fit?

Do you have any health conditions, allergies or disabilities (Please give details)

Please supply the names and addresses of two referees and state in what capacity they know you. (These should not be relatives or friends)

Name	Name:	
Address	Address:	
Tel:	Tel:	
Postcode	Postcode	
Capacity	Capacity	

Rehabilitation of Offenders Act 1974

You must declare any unspent criminal convictions registered against you (If none please state "No convictions to declare")

How did you hear about Remus Memorial Horse Sanctuary's Volunteer scheme?

Why do you want to help at REMUS

Signed: _____

Date: _____

Please return to :- Little Farm, Buttsbury, Ingatestone, Essex. CM4 9NZ

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