



Richmond Therapeutic Equestrian Society

Volunteer Application and Information Sheet

Name: _____ Date: _____

Address: _____

City: _____ Postal Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail: _____

Current Occupation: _____

Previous Work Experience: _____

B.C. Care Card #: _____ Date of Birth: _____

Emergency Contact Name: _____

Relationship: _____ Phone # _____

Date of last Tetanus shot: _____

Please list: allergies: _____

medications: _____

Any other health conditions we should be aware of: _____

Please indicate times you would prefer to volunteer:

Morning 9:30 – 12:30

- Monday
- Tuesday
- Wednesday

Afternoon 2:30 – 5:30

- Monday
- Wednesday

There are many different opportunities for volunteering at RTES. Please tick off all areas that interest you:

- Helping in classes
- Riding Instructor
- Special events
- Tack Cleaning
- Newsletter
- Telephoning
- Videotaping or photography
- Fundraising

RTES does not require volunteers to have any experience with horses or people with disabilities. Please outline any experience or talents you may have which might be an asset to the society.

In choosing RTES for volunteering, what do you hope to gain or experience?

How did you hear about RTES? _____