



Volunteer Registration Form

Please read the **Volunteer Information Form** before completing this form

TITLE

NAME

ADDRESS

EMAIL ADDRESS

PHONE NUMBERS

DATE OF BIRTH

EMERGENCY CONTACT DETAILS

2nd EMERGENCY CONTACT DETAILS (if under 18yrs)

Applicants for horse programs or stable hand positions require a reasonable degree of physical fitness.

Do you feel you could safely participate in classes and horse-related activities?

If no, please provide details and suggestions of reasonable adjustments we could make to help you

Do you have any existing medical conditions or special needs, which we should be aware for your safety?

If yes, please provide details and any adjustments that may be required to assist you

Do you have any experience with horses?

If yes, please provide details

Do you have any experience with children?

If yes, please provide details

Do you have any experience with fundraising or events?

If yes, please provide details

Do you have any experience with farm/facility maintenance or gardening?

If yes, please provide details

What is your work experience or current industry?

<input type="checkbox"/> Administration	<input type="checkbox"/> Animal or Veterinary Industry
<input type="checkbox"/> Defence	<input type="checkbox"/> Legal
<input type="checkbox"/> Education	<input type="checkbox"/> Marketing and Communication
<input type="checkbox"/> Health	<input type="checkbox"/> Retail
<input type="checkbox"/> HR	<input type="checkbox"/> Rural and primary industry
<input type="checkbox"/> Disability Support	<input type="checkbox"/> Sport and Leisure
<input type="checkbox"/> Horse Industry	<input type="checkbox"/> IT
<input type="checkbox"/> Finance	<input type="checkbox"/> Student
Other:	

What interests, hobbies and/or vocational skills do you have?

<input type="checkbox"/> Arts and Craft	<input type="checkbox"/> Gardening
<input type="checkbox"/> Community vocation: RFS, SES etc.	<input type="checkbox"/> Horse riding/ horse activities
<input type="checkbox"/> Athletics/ fitness/ sports	<input type="checkbox"/> Photography
<input type="checkbox"/> Dancing or music	<input type="checkbox"/> Volunteering other than Pegasus
Other:	

Which volunteer position/activity are you most interested in at Pegasus?

<input type="checkbox"/> Horse Leading	<input type="checkbox"/> Farm or gardening tasks
<input type="checkbox"/> Side Walking	<input type="checkbox"/> Grant writing
<input type="checkbox"/> Stables	<input type="checkbox"/> Photography
<input type="checkbox"/> Fundraising or marketing	<input type="checkbox"/> Administration tasks or projects
<input type="checkbox"/> Events	<input type="checkbox"/> Student access and support (bus transfers)
Other:	

Is there any other information you would like us to be aware of?

I have read and understood the Volunteer Information Form and have provided the most up-to-date and accurate information.

Signature: Date:

Parent/ carer signature if under 18 years of age:

Office use only: Date received: Entered on system:
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