



IHWT
IRISH HORSE WELFARE TRUST

**APPLICATION TO BECOME A
VOLUNTEER AT THE IHWT**

Ballinamona, Woodenbridge, Arklow, Co Wicklow, Y14 D283

Tel: 0402 30773, Mobile: 086 6047 840, Email: info@ihwt.ie

VOLUNTEERS MUST BE AT LEAST 16 YEARS OF AGE

VOLUNTEERS UNDER 18 YEARS OF AGE REQUIRE PARENTAL PERMISSION

NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____

TELEPHONE NO. _____ **MOBILE NO.** _____

EMAIL: _____

CONTACT NO. IN CASE OF EMERGENCY: _____

CONTACT NO. OF PARENTS IF UNDER 18 YRS: _____

DETAILS OF AILMENTS /ALLERGIES OR ANY OTHER CONDITIONS:

BRIEFLY EXPLAIN WHY YOU WISH TO VOLUNTEER AT IHWT:

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PLEASE GIVE DETAILS OF YOUR STABLE/HORSE EXPERIENCE:

PERSONAL INSURANCE DETAILS (IF ANY):

VOLUNTEER EXPERIENCE:

WHAT DAY (S) OF THE WEEK DO YOU WANT TO VOLUNTEER: _____

DO YOU WANT TO VOLUNTEER ONE DAY PER WEEK OR ONE DAY PER MONTH:

PLEASE GIVE START DATE TO VOLUNTEER: _____

PLEASE GIVE NAME AND TELEPHONE DETAILS OF TWO REFERENCES:

1. NAME: _____

TELEPHONE NO.: _____

2. NAME: _____

TELEPHONE NO.: _____

I DECLARE THAT THE ABOVE INFORMATION IS ACCURATE/TRUE

By ticking this box you are giving your consent that IHWT will use the information that you provide on this form to process your application. We will hold this data on our files if you become a volunteer. This data will be deleted once you cease volunteering. In case of an emergency we may have to share your contact details

SIGNATURE: _____

DATE: _____