



**IHWT**  
IRISH HORSE WELFARE TRUST

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

Ballinamona, Woodenbridge, Arklow, Co Wicklow

Tel: 0402 30773, Mobile: 086 6047 840, Email: [info@ihwt.ie](mailto: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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# **APPLICATION TO BECOME A VOLUNTEER AT THE IHWT**

**PLEASE GIVE DETAILS OF YOUR STABLE/HORSE EXPERIENCE:**

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**PERSONAL INSURANCE DETAILS (IF ANY):**

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**VOLUNTEER EXPERIENCE:**

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**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**

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_