

Volunteer Application

Please complete the whole form and print neatly. Date								
Name				Birt	Birth Date			
Address (1 st and 2 nd Line)				City, County and Eircode				
Email Address				Home Phone				
Mobile Phone				Occupation				
What volunteer position are you applying for?				Are you Garda vetted? (ALL applicants MUST be)				
Please tick the blanks under the days you are available, with the times you will be available.								
	Monday	Tuesday	Wednes	sday	Thursday	Friday	Saturday	Sunday
MORNING								
EVENING								
MORNING SHIFT 9AM-11.30AM AND EVENING SHIFT 5.30PM – 8PM (Chat to us if you need to be more flexible and we will try to make an arrangement). Please note times can change slightly from summer to winter, either later or earlier) If you are applying for the following positions, please leave above section blank: Welfare Officer/Education Officer.								
The following questions are for the safety of our volunteers and animals, this information								
will remain confidential: Please be open and honest. ALL applicants should be Garda vetted								
(1) Have you ever been convicted of an offence? Yes No If you selected Yes, please explain.								
(2) Have you any illness or or medication? Yes No If you selected Yes, please explain.								
(3) Have you ever been convicted of animal cruelty or neglect? Yes No If you have selected Yes, please explain.								
(4) Are you pregnant? Yes No If you have selected Yes, please state how far you are gone								

PLEASE ANSWER WITH YES OR NO TO THE FOLLOWING QUESTIONS

Are you able to assist us with transporting equines?	Have you a horsebox or horse lorry?
Are you able to tow an LHPR horsebox if needed?	From time to time our volunteers are called upon by our welfare officers on the frontline – this is not for everyone as scenes can be upsetting and often tense. Are you willing to help us help animals in their darkest hours?
Have you any stables or land you would allow L.H.P.R. to use in the event of an emergency or urgent welfare case?	If your answer is yes to owning stables, please state the location of them.
Any other notes or information you feel is important to your volunteer application?	

Please provide contact details for two people we may contact for references

Name:	Phone Number:
Address:	• • • • • • • • • • • • • • • • • • • •
	this person:
-	1
Noma	Phone Number:
Context in which you know	this person:

Data Protection Statement

Leinster Horse and Pony Rescue will process your personal data for the purposes of achieving the stated objectives of rescuing, rehabilitating and re-homing equines in need and any associated fundraising activities to provide for their care. It is our policy not to transfer your data to any other organisations*.

LHPR uses a secure online system designed specially, for animal rescue groups and animal control agencies. This online system stores all its information on servers that are hosted in an ISO 27001 certified data centre in London to comply with GDPR requirements. Information is held for the duration of volunteering, it is then destroyed.

^{*} From time to time Leinster Horse and Pony Rescue may disclose information to third parties such as the Department of Agriculture Food and Marine, The Gardai and Local Government (City and county councils). This will only be done upon them submitting a request to us.

Please complete the following questions about yourself and your experience with horses:								
How many years of experience do you have? (Fill in the blank with number of years)								
Leading horses Grooming horses _	Providing basic hoof	care/cleaning						
Training horses with ground workS	Starting a horse under saddle							
Riding well trained horses Riding "green" broke horses Mucking Out								
Providing medical assistance to horses	Full care and/or maintenance	e of a horse						
Working with an average size horse	Working with a young horse (le	ss than 1 yr.)						
Please describe your horse experience, based on the	e year of experience that you have	marked above:						
Please describe any other experiences or talents that you would like to let us know about:								
	t you would like to let us know aod	out.						
*Don't worry, extra training is available for our ve	olunteers! *							
Please provide the following emergency inf								
Emergency Contact Name / Relation to them/you	Home Phone							
Mobile Phone	Work Phone							
Do you have any medical limitations or are you on any prescription medications? Yes No If Yes, please describe your conditions and alert us to how to help you in an emergency situation:								
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LHPR accepts no liability for any injury, loss or even death, while volunteering with us or volunteering on your								
own, on behalf of LHPR. Our work involves working with animals & people of a very unpredictable nature. Volunteers accept that they work with animals at their own risk, asking all necessary questions and seeking								
guidance in how to approach each situation as it arises. By signing below, you agree to all of the above.								
Signature:		Date						
Parent / Guardian Signature (If Under 18 yrs.)		Date						
Accepted by the office? Official signature:		Date						