

ALL VOLUNTEERS MUST BE RELIABLE AND COMMIT TO AT LEAST ONE SHIFT PER WEEK.



AW18

# Volunteer Application

**Please complete the whole form and print neatly.** Date \_\_\_\_\_

<u>Name</u>	<u>Birth Date</u>
<u>Address (1<sup>st</sup> and 2<sup>nd</sup> Line)</u>	<u>City, County and Eircode</u>
<u>Email Address</u>	<u>Home Phone</u>
<u>Mobile Phone</u>	<u>Occupation</u>
<u>What volunteer position are you applying for?</u>	<u>Are you Garda vetted? (ALL applicants MUST be)</u>

**Please tick the blanks under the days you are available, with the times you will be available.**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>MORNING</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>EVENING</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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

**RETURN FORMS TO:** Leinster Horse and Pony Rescue, HR Department, Kilttoome, Navan Road, Trim, County Meath

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**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.
Are you Garda vetted? If you select no please do not send back your application form to us. <b>ALL applicants must be garda vetted.</b> Please see <a href="https://vetting.garda.ie/">https://vetting.garda.ie/</a> for further information.	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: .....  
Context in which you know this person: .....



Name: ..... Phone Number: .....  
Address: .....  
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 work \_\_\_\_\_ 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 of a horse \_\_\_\_\_

Working with an average size horse \_\_\_\_\_ Working with a young horse (*less than 1 yr.*) \_\_\_\_\_

Please describe your horse experience, based on the year of experience that you have marked above:

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Please describe any other experiences or talents that you would like to let us know about:

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***\*Don't worry, extra training is available for our volunteers! \****

***Please provide the following emergency information:***

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