



**CHESHIRE HORSE SANCTUARY LTD**  
**VOLUNTEER APPLICATION FORM**

First Name	
Surname	
Date of Birth	
Address	
Post Code	
Previous Address (if less than 3 years)	
Post Code	
Home Phone Number	
Mobile Phone Number	
E-Mail Address	

**EMERGENCY CONTACT DETAILS**

Name	
Address	
Home Phone Number	
Mobile Phone Number	

<b>HEALTH</b>	<b>YES/NO</b>
Do you have any medical problems you feel we need to know about?	

Is your tetanus vaccination up to date?	
Do you have any allergies?	

If you answered yes within the health section please give details below

Have you any particular skills you feel will help us here at the Sanctuary or any experience working with equine? Please give details below.

Are you eligible to work in the United Kingdom? **YES/NO**

Do you have any criminal convictions (excluding driving convictions)? **YES/NO**

If yes please give details.

As a guide to the Sanctuary when do you feel you will be able to volunteer?

Weekdays	Morning		Afternoon		Evening	
Weekends	Morning		Afternoon		Evening	

Signature of Volunteer		Date	
Signature of Parent/Guardian (if under 18)		Date	
Name of Parent/Guardian (Please Print)			

Please complete this form and return to [cheshirehorsesanctuaryltd@yahoo.com](mailto:cheshirehorsesanctuaryltd@yahoo.com) or post to Cheshire Horse Sanctuary, The Six Acres, Picton Gorse Lane, Picton, Chester, Cheshire, Ch2 4ha.