

NAME: Surname: _____ First Names: _____

ADDRESS: _____

 POST CODE: _____

EMAIL: _____

PHONES: Home: _____ Mobile: _____

DATE OF BIRTH: _____ Or please tick to confirm you are over 16

AGE: 16-25 26-40 41-55 Over 55

Please indicate below which types of volunteer work you would be interested in helping with?
 (Tick all that apply)

Helping with ponies	<input type="checkbox"/>	Office administration assistance	<input type="checkbox"/>
Helping with ponies and rides*	<input type="checkbox"/>	Answering phones/taking bookings	<input type="checkbox"/>
Helping with non-pony physical jobs	<input type="checkbox"/>	Helping in our small retail shop	<input type="checkbox"/>
Meeting and greeting visitors	<input type="checkbox"/>	Helping with off-site fundraising	<input type="checkbox"/>
Do you have experience of horses/ponies?	<input type="checkbox"/>	<i>*Please note that a 12 stone/76 kg weight limit applies for riding Exmoor ponies</i>	

IMPORTANT MEDICAL INFORMATION
 If you have an existing condition which may require medical attention, or have a known allergy/intolerance please give brief details below:

NEXT OF KIN/EMERGENCY CONTACT DETAILS:
 In the event of an emergency, please give details below of who we should contact:

1st Contact Name: _____ **Relationship:** _____

1st Contact Phone Nos: _____

2nd Contact Name: _____ **Relationship:** _____

2nd Contact Phone Nos: _____

Thank you for offering to volunteer for The Moorland Mousie Trust at the Exmoor Pony Centre.
PLEASE READ THE FOLLOWING STATEMENTS AND SIGN THE FORM AT THE BOTTOM

I acknowledge that working with equines is a risk activity and holds a potential danger. I am aware that all equines may react unpredictably.
 The welfare of our ponies is paramount, as is the safety of everyone at the Centre. Please discuss any requirements, concerns or queries with a member of staff who will be happy to help you.
I understand that I must obey the instructions of staff of The Moorland Mousie Trust and must comply with the Health & Safety requirements of the Charity. I confirm that to the best of my knowledge the details given above are correct.

PARENTS & GUARDIANS OF VOLUNTEERS UNDER 16:
 I accept full responsibility for my child and confirm that he/she is of suitable competence to volunteer with equines. I accept that my child volunteers at his/her own risk and with my permission.

VOLUNTEERS OVER 16:
 I confirm that I understand the risks involved whilst working with unhandled equines. I agree that I volunteer entirely at my own risk.

DATA PROTECTION ACT 1998
 Statement: I understand that the information I have given will be held in accordance with the Data Protection Act 1998 but may also be made available to Insurers and other concerned parties in the event of any injury or accident.

SIGNATURE: _____ **NAME:** _____

RELATIONSHIP TO VOLUNTEER IF SIGNING AS PARENT/GUARDIAN: _____

DATE: _____