



TURTLE VALLEY DONKEY REFUGE SOCIETY

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TURTLE VALLEY DONKEY REFUGE SOCIETY
A Charity Registered pursuant to the rules of Revenue Canada
QUALITY TIME VOLUNTEER

Thank you so much for showing an interest in helping us as a volunteer at the Donkey Refuge. We know that your time is precious and we feel that it is fantastic that you want to come along and give your time to help us. We need to gather some information to help us put you in the best place in the operation of the Refuge. Please fill out the form and return it to us at your convenience, along with your waiver.

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

DATE OF BIRTH: _____

DATE OF LAST TETANUS SHOT: _____

EMERGENCY CONTACT DETAILS:

NAME: _____

RELATIONSHIP TO YOU: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

CELL NUMBER: _____

Why do you want to become a Volunteer at the Donkey Refuge?

What Type of Volunteering are you interested in:

- Quality Time Volunteer (4 Hours/Week availability for 1 year)
- Giving Talks to the General Public when they visit the Refuge
- Fundraising for the Donkey Refuge
- Helping with Special Events (ie: Donkey Days, Pancake Breakfast, etc.)
- Set-Up & Tear-Down of Special Events (may require heavy lifting)

Please list your availability to the best of your knowledge:

I am willing to volunteer _____ hours/week.

My available days are:

(example: Saturday 9-11 am / 3-5 pm **or** ALL DAY
 Saturday _____ am / _____ pm **or** ALL DAY)

- | | |
|--|----------------------------------|
| <input type="checkbox"/> Sunday _____ am / _____ pm | <input type="checkbox"/> ALL DAY |
| <input type="checkbox"/> Monday _____ am / _____ pm | <input type="checkbox"/> ALL DAY |
| <input type="checkbox"/> Tuesday _____ am / _____ pm | <input type="checkbox"/> ALL DAY |
| <input type="checkbox"/> Wednesday _____ am / _____ pm | <input type="checkbox"/> ALL DAY |
| <input type="checkbox"/> Thursday _____ am / _____ pm | <input type="checkbox"/> ALL DAY |
| <input type="checkbox"/> Friday _____ am / _____ pm | <input type="checkbox"/> ALL DAY |
| <input type="checkbox"/> Saturday _____ am / _____ pm | <input type="checkbox"/> ALL DAY |

Dates I am unavailable (ie: vacation, holidays, etc.) _____

Do you have any health issues that may prevent you from doing physical work?

Do you have any allergies? Please List:

Yes, I carry an Epi-Pen

Do you have any previous equine or animal experience? Please tell us about it:

Please tell us about any particular skills, talents or experience you have that may be useful to us.

If you are applying for the Quality Time Volunteer Program, please tell us which donkey you would like to work with & what you hope to accomplish through being a part of the program:

REFERENCES:

Please provide names and addresses of two people who we may approach for a character reference. References will be taken up prior to placement.

NAME: _____

ADDRESS: _____

EMAIL: _____ PHONE: _____

NAME: _____

ADDRESS: _____

EMAIL: _____ PHONE: _____

CRIMINAL RECORD

Do you have a Criminal Record?

No, I have not been convicted of a crime.

Yes. Please explain: _____

Would you be willing to provide a Criminal Check if you were interested in working with Children and/or Vulnerable Adult tours?

Yes

No

DRIVERS LICENCE # _____

CARE CARD NUMBER: _____

Where did you find out about the volunteering opportunities?

Newspaper

Website

Word of Mouth

I, _____ (print name) hereby certify that the information given in this application form is true and correct.

SIGNATURE

DATE