

## VOLUNTEER APPLICATION

### APPLICANT DETAILS

Given Name: \_\_\_\_\_ EFA Member : **Yes / No**

Surname: \_\_\_\_\_ Age Group: **Under 18 / 18+**

Residential Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Telephone: BH: ( \_\_\_\_ ) \_\_\_\_\_ Home: ( \_\_\_\_ ) \_\_\_\_\_

Mobile No: \_\_\_\_\_

E mail address: \_\_\_\_\_

Preferred Sport: *please circle:* **Dressage / Eventing / Showing / Jumping**

Availability : **Am / Pm / Weekdays / Weekends / Evenings / Anytime /**

Duties Preferred: **Prior to event / During event / After event /**

Would you prefer to be emailed further information regarding Volunteering ? \_\_\_\_\_

Thanks for taking the time to complete this form, and being involved in Volunteering with the Equestrian Federation of Australia, your help benefits all equestrian members.

Please email to: [reception@efavic.com.au](mailto:reception@efavic.com.au) or fax or mail to the address above.