

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: info@equestrianvictoria.com.au or fax or mail to the address above.