



A.R.C.H

Centro Andalusi de Rescate de Caballos



Volunteer Information Form

Name & Surname: _____

Date of Birth: _____

Address: _____

Telephone: _____ Emergency Contact: _____

Email: _____

Nationality: _____ Languages Spoken: _____

D.N.I / N.I.E _____ Social Media Photos [FB, www etc] (Y/N) _____

Experience –

Do you have any particular skills, education or training that might benefit ARCH:

What kind of involvement are you comfortable with?

Grooming horses	<input type="checkbox"/>	Admin	<input type="checkbox"/>	Sunday shift	<input type="checkbox"/>	Events	<input type="checkbox"/>
Mucking out	<input type="checkbox"/>	Marketing	<input type="checkbox"/>	Fundraising	<input type="checkbox"/>	Other	<input type="checkbox"/>
Charity Shop	<input type="checkbox"/>	Evening Feed	<input type="checkbox"/>				

Additional Info: (Please also include any medical conditions we should be aware of?) _____

Time is a precious commodity and we don't want to ask more than you can give. What is your intended involvement? (i.e. 2 hrs a week, 3 times a year, fundraisers, etc)

Date joined ARCH: _____ (Please read and sign the disclaimer overleaf)

If completed electronically, please return completed form to info@horserescuespain.org

ARCH VIF 05-11-2019

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