Volunteer Details



Thank you for volunteering to work at Greatwood. Your help is greatly appreciated and much needed. To ensure your personal safety and the safety of everyone at Greatwood please fill out the details below, which we will keep on file, and provide us with a proof of identification and a character reference (not a family member). Thank you.

VOLUNTEER DETAILS: Full Name:			
Address:			
	Postcode:		
Daytime number:	Evening n	umber:	
Hours that you are able to contr	ribute: Weekdays:	Weekends:	
	5	reasonable fit and healthy and, should you aditions, which we should be aware of:	
Please provide details of who to	contact in an emergency:		
Full Name:			
Address:			
	Postcode:		
Phone number:	Nature of relationship:		
	Evening number:		
their very nature unpredictable a accept no responsibility for any	rotect your safety and companimals and therefore Great injury sustained whilst on the sibility to read the Health as	oly with health and safety laws horses are by twood Caring for Retired Racehorses can he premises. Before undertaking any activity nd Safety instructions and Emergency	
Please sign to say that you ac	cept these terms and con	ditions.	
Signature:		Date:	
REFERENCE: Name of reference: Address:			
Audiess.		Postcode:	
Phone number:		Nature of relationship:	