



**Festina Lente Foundation
Volunteer Application Form**

Name
Address
Contact phone number: Landline: _____ Mobile: _____ Email address
Next of Kin: Name: _____ Address: _____ Contact No: Landline: _____ Mobile: _____
Why do you wish to volunteer your time to Festina Lente Foundation?
What do you wish to achieve out of your time in Festina Lente Foundation?
What dates and times (if known) do you wish to spend time in Festina Lente Foundation?



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Which of the following areas are you applying for?

Riding School

Equestrian Training Programme

Garden

Transition Training Programme

Day Service

Equine Assisted Learning Service

Have you any medical condition that we need to be aware of

Yes

No

If yes please provide details

Are you taking any medication ?

Yes

No

If yes, please provide details

Signed : _____

(By the applicant)

Block: _____

(By the applicant)

Date :

Outcome : for office use only