



INSTRUCTOR / ASSISTANT APPLICATION FORM

Name:

Phone: Hm: Wk: Cell:

Address:

_____ (Street Address) (City) (Postal Code)

Mailing Address:

_____ (Street Address or Box # (if different from above) (City) (Postal Code)

Volunteer Position Applying For:

INSTRUCTOR ASSISTANT INSTRUCTOR OTHER: _____

What reasons do you have for applying for this position?

What is your availability? (Check all that apply)

Monday Afternoons Tuesday Afternoons Wednesday Afternoons
 Monday Evenings Tuesday Evenings Wednesday Evenings

When are you available to start?

Do you have any pre-planned commitments that would require you to be away in the next 6 months?

Yes No If yes, when? _____

It is our policy to have a Criminal Record and/or Vulnerable Sector Check completed on all successful applicants. Do you have any objection to this? Yes No

Depending on position applied for, there may be some mobility transfers and lifting involved. Would you be comfortable doing this? Yes No



Relevant Education History (related to working with disabilities, equestrian, safety and first aid or other applicable skills/trades)

Equestrian Education and/or Training

Dates Attended

Education and/or Training Related to Persons with Disabilities

Dates Attended

Education and/or Training Related to Health & Safety or Other skills

Dates Attended

Employment History and Relevant Experience

Employer: _____ Supervisor: _____

Address: _____

Position Title: _____ From: _____ To: _____

Responsibilities: _____

Reason for Leaving (if applicable): _____

.....

Employer: _____ Supervisor: _____

Address: _____

Position Title: _____ From: _____ To: _____

Responsibilities: _____



Reason for Leaving (if applicable): _____

.....

Employer: _____ Supervisor: _____

Address: _____

Position Title: _____ From: _____ To: _____

Responsibilities: _____

Reason for Leaving (if applicable): _____

Would you be willing to obtain CanTRA Certification? Yes No

References: (Name, Contact information and relationship to the applicant)

- 1. _____
- 2. _____
- 3. _____

Would you agree to an interview with members of the MVSRA Executive or their designates? Yes No

I have read and agree to abide by MVSRA Instructor Policy: Yes No

I certify that information contained in this application is true and complete. I understand that false information may be grounds for termination at any point in the future if I am accepted. I authorize the verification of any or all information listed above including my agreement to provide authorization for release of information from government bodies relating to privacy information.

* Please note that this is a volunteer position with some compensation provided.

Signature

Date

Witness Signature

Date