



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