

**Richmond Therapeutic Riding Association  
Volunteer Application and Information Sheet**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Current Occupation: \_\_\_\_\_

B.C. Care Card #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_\_

Please list: allergies: \_\_\_\_\_

medications: \_\_\_\_\_

Any other health conditions we should be aware of? \_\_\_\_\_

---

Please indicate times you would prefer to volunteer:

Morning 9:30 – 1:00

Monday

Tuesday

Wednesday

Afternoon 2:30 – 5:15

Monday

Wednesday

There are many different opportunities for volunteering at RTRA. Please tick off all areas that interest you:

Helping in classes     Riding Instructor     Special events     Tack Cleaning

Newsletter     Telephoning     Videotaping or photography     Fundraising

RTES does not require volunteers to have any experience with horses or people with disabilities. Please outline any experience or talents you may have which might be an asset to the society. \_\_\_\_\_

In choosing RTES for volunteering, what do you hope to gain or experience? \_\_\_\_\_

How did you hear about RTRA? \_\_\_\_\_

To the best of your knowledge, does your current employer or, if retired, past employer support local charities in their fundraising efforts? Yes/No

If so, can you give us a business name, contact name and number? \_\_\_\_\_