



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
- Tuesday
- 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

RTRA 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 RTRA 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? _____



Richmond Therapeutic Riding Association
Volunteer Releases

I acknowledge that I have read and understood the Richmond Therapeutic Riding Association's Volunteer Training Manual, including the sections regarding safety, confidentiality and universal precautions. I hereby affirm that I have understood and will comply with the guidelines set out therein.

(initial)

I acknowledge that I have read and understood the Richmond Therapeutic Riding Association's Side Walker training document. I hereby affirm that I have understood and will comply with the guidelines set out therein.

(initial)

The undersigned hereby grants to the Richmond Therapeutic Riding Association permission to take or have taken, still and moving photographs and films, including television and video pictures of myself/son/daughter/ward, _____

(initial)

_____. The undersigned consents and authorizes the Richmond Therapeutic Riding Association to use and reproduce the photographs, films, and pictures to circulate and publicize the same by all means including without limiting the generality of the foregoing, in newspapers, broadcast media, brochures, pamphlets, instructional materials, clinical media and the internet.

With respect to the foregoing material, no inducements or promises have been made to the undersigned to secure signature to this release other than the intention of the Richmond Therapeutic Riding Association to use or allow use of such photographs, films or pictures for the primary purpose of promoting and aiding the Richmond Therapeutic Riding Association and its work.

Signed this _____ day of _____, 20_____

Witness:

Name of Volunteer:

Signature

Signature Volunteer or Parent/Guardian

Name in Print

Name in Print of Volunteer's Parent/Guardian

Street Address

Street Address of Volunteer

City/Province/Postal Code

City/Province/Postal Code

Telephone