



# Cowichan Therapeutic Riding Association

at Providence Farm

1843 Tzouhalem Rd., Duncan, B.C. V9L 5L6

## VOLUNTEER APPLICATION

### PERSONAL INFORMATION:

*(All items with a \* must be filled in)*

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

\*Name: \_\_\_\_\_ Phone: \*Home \_\_\_\_\_ \*Cell: \_\_\_\_\_

\*Email: \_\_\_\_\_ Phone: \*Work \_\_\_\_\_

\*Mailing address: Street: \_\_\_\_\_

\*City: \_\_\_\_\_ \*Prov: \_\_\_\_\_ \*Postal Code: \_\_\_\_\_ \*Birthdate: \_\_\_\_\_

Highest Level of Education \_\_\_\_\_

Name of Parent(s) or Guardian(s) – (If under 18 years of age): \_\_\_\_\_

Are there any Medical Conditions, Medications or Allergies we should be aware of? \_\_\_\_\_

### Previous Volunteer/Employment Positions: Most recent first:

Organization

Responsibilities

from - M/Y to M/Y

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Skills, Training, Education:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Background:

Describe your experience working with people with disabilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly describe your experience with horses (\*please note you don't need to have any experience with horses to volunteer here at the centre, we provide all the training): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



# Cowichan Therapeutic Riding Association

at Providence Farm

1843 Tzouhalem Rd., Duncan, B.C. V9L 5L6

Do you have any Pony Club experience? Yes  No  If yes, level attained: \_\_\_\_\_

Do you have any Coaching experience? Yes  No  If yes, please describe \_\_\_\_\_

Do you have a reasonable level of fitness (able to walk rough and hilly terrain for 45 minutes and provide support above shoulder height for brief periods of time)? \_\_\_\_\_

## AVAILABILITY

\*Are you currently employed? \_\_\_\_\_ No \_\_\_\_\_ Yes: f/t \_\_\_\_\_ p/t \_\_\_\_\_ shift work \_\_\_\_\_ flexible \_\_\_\_\_  
(This will allow us to plan your shift to best suit your schedule)

\*\*\*Availability – Please circle the best days and times that you are available:

Mon		Tues		Wed		Thurs		Fri		Sat	
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM

What time would suit you best? \_\_\_\_\_ Are you available for On Call: Y or N

## REFERENCES:

List three persons not related to you who have known you for more than three years. Addresses should be complete. These could include a current employer, a co-worker or supervisor, a family physician or church clergy, etc.

Name	Address	Phone /Fax
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

## GENERAL INFORMATION:

Where did you hear about this organization? \_\_\_\_\_

What do you hope to gain from your experience of volunteering for the Cowichan Therapeutic Riding Association?  
\_\_\_\_\_  
\_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_



# Cowichan Therapeutic Riding Association

at Providence Farm

1843 Tzouhalem Rd., Duncan, B.C. V9L 5L6

---

**OUR GREATEST NEED IS FOR SIDEWALKERS AND HORSE HANDLERS, HOWEVER, WE DO REQUIRE HELP IN OTHER AREAS. PLEASE CHECK THOSE AREAS YOU ARE WILLING TO HELP WITH:**

\_\_\_\_\_ Side Walker

\_\_\_\_\_ Horse Handler in lessons (Horse Handlers must complete training provided)

\_\_\_\_\_ Barn Help

\_\_\_\_\_ Grooming and Tacking up

\_\_\_\_\_ Fundraising

\_\_\_\_\_ Trail Clearing

\_\_\_\_\_ Publicity

\_\_\_\_\_ Equipment Care/Tack Cleaning

\_\_\_\_\_ Gardening

\_\_\_\_\_ Tack Store

\_\_\_\_\_ Other (Please specify any specific skills or training that may be useful)

\_\_\_\_\_ Floater positions (Willing to help in the barn or other areas as well as "On call" help in the ring if volunteers cancel shifts)



# Cowichan Therapeutic Riding Association

at Providence Farm

1843 Tzouhalem Rd., Duncan, B.C. V9L 5L6

## **PLEASE READ CAREFULLY AND INITIAL EACH SECTION:**

*Please read the following carefully before signing this application:*

I understand that this is an application for and not a commitment or promise of volunteer opportunity.

I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with Cowichan Therapeutic Riding Association that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by Cowichan Therapeutic Riding Association I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with Cowichan Therapeutic Riding Association or my termination as a volunteer.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### **VOLUNTEER LIABILITY RELEASE**

As a volunteer with Cowichan Therapeutic Riding Association at providence Farm, I acknowledge the risks of a horseback riding program. However, I feel that the possible benefits to the clients I work with and to myself are greater than the risk assumed. I hereby intend to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever, all claims for damages against the Cowichan Therapeutic Riding Association, its Board of Directors, Instructors, Therapists, Volunteers and /or Employees and Providence Therapeutic Riding Centre for any and all injuries and/or losses I may sustain while participating in the Cowichan Therapeutic Riding Program.

**Initials:** \_\_\_\_\_

### **CRIMINAL RECORD CHECK**

I here authorize the Canadian Mounted Police to provide a criminal record check based on the information I provide in the application. I authorize the results of such a check to be passed onto the Executive Director and the Coordinator of Volunteers of the Cowichan Therapeutic Riding Association. I realize that past criminal incidents may preclude my involvement with the program

**Initials:** \_\_\_\_\_

### **PHOTO RELEASE PERMISSION**

I consent to authorize the use and reproduction by Cowichan Therapeutic Riding Association of any and all photographs and any other audiovisual materials taken of me for promotional material, educational activities, or for any other use for the benefit of the program

**Initials:** \_\_\_\_\_



# Cowichan Therapeutic Riding Association

at Providence Farm

1843 Tzouhalem Rd., Duncan, B.C. V9L 5L6

---

## VOLUNTEER STANDARDS OF CONFIDENTIALITY

I, \_\_\_\_\_ recognize that my role as a volunteer with Cowichan Therapeutic Riding Association will entitle me to certain information about riders, which should be treated as confidential. All information given to me by a Parent/Instructor/Rider in relation to a rider will be discussed only with the personnel of Cowichan Therapeutic Riding Association.

At no time will I discuss any information about riders with other parents or any individuals. I recognize that all materials and papers pertaining to the riders care and condition are legal documents, and that all information contained therein is confidential. This confidentiality agreement remains in place for life.

Initials: \_\_\_\_\_

## GUIDELINES FOR ARENA VOLUNTEERS:

- Read and understand the Volunteer Handbook.
- Attend Training Clinics when presented.
- Abide by Dress Code as explained on page 5 of Volunteer Handbook.
- Commit to the Full Session (Usually 6 weeks); give adequate notice if unable to attend- 24 hrs or more.
- Arrive ten minutes before lesson start time.
- Park at rear of arena, drive slowly around arena.
- Turn cell phones off or set to vibrate if really needed.
- Treats for the horses are welcome but not in your pocket or before the lesson. Treats must be put in the grain buckets, never fed by hand.

**I have read and fully understand and agree to all terms and conditions stated herein:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Witness: \_\_\_\_\_ Print Name: \_\_\_\_\_

**For volunteers under the age of majority:**

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_



# Cowichan Therapeutic Riding Association

at Providence Farm

1843 Tzouhalem Rd., Duncan, B.C. V9L 5L6

---

## **VOLUNTEER RESPONSIBILITIES**

Dear Volunteers, What is expected when you volunteer CTRA

- Be reliable and punctual
- Be trustworthy
- Respect confidentiality
- Respect the rights of people you volunteer with
- Have a non-judgmental approach
- Carry out the specified job description
- Give feedback (i.e. participate in evaluations when asked)
- Be accountable and accept feedback
- Be committed to the program
- Avoid overextending yourself
- Acknowledge decisions made by the organization
- Address areas of conflict with the appropriate staff member or volunteer coordinator
- Undertake training
- Ask for support when it is needed
- Stay safe on the job; for example, make sure that you are never alone with a student

By accepting these responsibilities you are ensuring all our students will have the necessary number of side walkers and leaders and they will be able to ride in their scheduled classes safely. We would like to stress that it is okay if you can't attend a class but we do need to know in advance because the more notice you give the easier it is to find another volunteer to fill your spot.

If you are not able to fill your scheduled shift please call 250-746-1028 or email: [info@ctra.ca](mailto:info@ctra.ca)

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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



# Cowichan Therapeutic Riding Association

at Providence Farm

1843 Tzouhalem Rd., Duncan, B.C. V9L 5L6

---

## **VOLUNTEER COPY** **(Please keep for your records)**

### **GUIDELINES FOR ARENA VOLUNTEERS:**

- Read and understand the Volunteer Handbook.
- Attend Training Clinics when presented.
- Abide by Dress Code as explained on page 5 of Volunteer Handbook.
- Commit to the Full Session (Usually 6 weeks); give adequate notice if unable to attend- 24 hrs or more.
- Arrive ten minutes before lesson start time.
- Park at rear of arena, drive slowly around arena.
- Turn cell phones off or set to vibrate if really needed.
- Treats for the horses are welcome but not in your pocket or before the lesson. Treats must be put in the grain buckets, never fed by hand.

### **VOLUNTEER RESPONSIBILITIES**

Dear Volunteers, What is expected when you volunteer CTRA

- Be reliable and punctual
- Be trustworthy
- Respect confidentiality
- Respect the rights of people you volunteer with
  - Have a non-judgmental approach
- Carry out the specified job description
- Give feedback (i.e. participate in evaluations when asked)
- Be accountable and accept feedback
- Be committed to the program
- Avoid overextending yourself
- Acknowledge decisions made by the organization
- Address areas of conflict with the appropriate staff member or volunteer coordinator
- Undertake training
- Ask for support when it is needed
- Stay safe on the job; for example, make sure that you are never alone with a student

By accepting these responsibilities you are ensuring all our students will have the necessary number of side walkers and leaders and they will be able to ride in their scheduled classes safely. We would like to stress that it is okay if you can't attend a class but we do need to know in advance because the more notice you give the easier it is to find another volunteer to fill your spot. **If you are not able to fill your scheduled shift please call 250-746-1028 or email: [info@ctra.ca](mailto:info@ctra.ca)**