



# Cowichan Therapeutic Riding Association

1843 Tzouhalem Road, Duncan, BC, V9L 5L6

Phone: 259 746 1028 Fax: 250 746 1033

Email: [colleen@ctra.net](mailto:colleen@ctra.net) Website:

## VOLUNTEER APPLICATION

### PERSONAL INFORMATION:

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

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

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

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### In Case of Emergency:

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

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

### Experience:

Previous Volunteer/Employment Positions: Most recent first:

Organization	Responsibilities	From M/Y to M/Y
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Skills, Training, Education:

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

Are you currently employed? No if Yes: f/t p/t shift work flexible

(This will allow us to plan your shift to best suit your schedule)

### Availability:

What day(s) and time would suit you best? \_\_\_\_\_

### 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? \_\_\_\_\_

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)? \_\_\_\_\_

Do you have any horse experience? If so please describe. \_\_\_\_\_

\_\_\_\_\_

**OUR GREATEST NEED IS FOR SIDEWALKERS AND HORSE HANDLERS, HOWEVER, WE DO REQUIRE HELP IN OTHER AREAS.**

**PLEASE CHECK THOSE AREAS YOU MAY BE INTERESTED IN:**

- Sidewalker
  - Horse Handler in lessons. Horse Handlers must complete training provided
  - Fundraising
  - Maintenance of Facility
  - Trail Clearing
  - Publicity
  - Equipment Care/Tack Cleaning
  - Other (Please specify any specific skills or training that may be useful)
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**PLEASE READ CAREFULLY AND INITIAL EACH SECTION:**

**VOLUNTEER LIABILITY RELEASE**

As a volunteer with Cowichan Therapeutic Riding Association at providence Farm, I acknowledge the risks of a horse back 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:** \_\_\_\_\_

**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

**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 Ten Week Session, give adequate notice if unable to attend.
- 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.

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

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**Office Use Only:**

Date Attended Orientation: \_\_\_\_\_ Initials: \_\_\_\_\_

Date Attended Side Walking Clinic: \_\_\_\_\_ Initials: \_\_\_\_\_

Date Attended Horse Handling Clinic: \_\_\_\_\_ Initials: \_\_\_\_\_

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

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