



VOLUNTEER APPLICATION

Name: _____

Date of birth: ____/____/____
Year month day

Address: _____

City: _____ Prov: _____ Postal Code: _____

Phone: (____) _____ Cell (____) _____ Email: _____

Health card No. : _____

University/College Students

Temporary address (if applicable):

City: _____ Prov: _____ Postal Code: _____

Name of College/University: _____

Program/Area of study: _____

Employment

Place and field of employment: _____

Work address: _____ Phone: (____) _____

May we call you at this number: **Y / N** If yes, hours of work: _____ to _____

Please provide us with a contact name and number in case of an emergency.

Name: _____ Phone: (____) _____ Relationship: _____

BACKGROUND INFORMATION

Describe your previous volunteer experience:

Describe your experience working with people with disabilities:

Briefly describe your horse experience:

Do you have Pony Club experience? If yes, highest level attained: _____

Have you completed any Equine Canada Rider Levels? If yes, highest level attained: _____

Do you have any equine coaching/teaching experience? If yes, please describe: _____

Do you have an Equine Canada coaching level? If yes, highest level attained: _____

Certificates held (i.e. University degree, College diploma, Lifeguard, First Aid, CPR, sign language, etc.)

What do you hope to gain from your experience at our Therapeutic Riding Association?

What qualities do you bring to this volunteer position? _____

HOW WOULD YOU LIKE TO VOLUNTEER YOUR TIME?

- **WEEKLY LESSONS** (please indicate your availability)

MORNING _____ AFTERNOON _____ EARLY EVENING _____

PREFERRED DAYS OF THE WEEK _____

**It is important for the student to see a familiar face each seek for their riding lesson. You need only commit to one lesson a week. Average time for one lesson is 1 ½ to 2 hours.*

- **FUNDRAISING** _____ (You will be notified in advance)
- **SPECIAL EVENTS** _____ (You will be notified in advance)

IF YOU WOULD LIKE TO VOLUNTEER YOUR TIME IN OTHER WAYS, PLEASE LET THE INSTRUCTOR KNOW.

OTHER _____

How did you hear about our Therapeutic Riding Association?

Local Newspaper _____ Leisure guide _____ Website _____ Poster Ad _____

Television _____ Radio _____ Word of mouth _____ Other _____

REFERENCES

Please give the name and daytime telephone number of (2) people who will be prepared to act as references. It is preferred that they **not** be family members or close friends.

NAME: _____ PHONE: (____) _____ RELATIONSHIP _____

NAME: _____ PHONE: (____) _____ RELATIONSHIP _____

I give the **Regina Therapeutic Riding Association** authorization to contact my references. If my application is accepted, I agree to abide by the policies and procedures in the Volunteer Training Manual and any other requirements that may be required.

(signature)

(date)

THIS SECTION FOR OFFICE USE ONLY

Volunteer Intake Checklist:

Application form Date Completed _____

Informal Interview/Tour of facility Date Completed _____

Formal Interview Date Completed _____

Reference Check Date Completed _____

Police Record Check Date Completed _____

Participant Insurance fee paid Date Completed _____

Received Volunteer Manual Date Completed _____

Training Clinic Date Completed _____

Received RTRA pin Date Completed _____

Identified role: _____