



VOLUNTEER APPLICATION PACKAGE

PO Box 1820, 205 7th Ave. N, Creston, BC V0B 1G0 250-428-2296 Fax: 250-428-2297 mwhiteaway@hotmail.com

Thank You For Your Interest In Therapeutic Riding

Because we believe so strongly in this program and the need for it in the Creston Valley, we are always excited to find others who feel the same way!

Because we deal with a segment of the population that can be extremely vulnerable, there are certain requirements that we must ask our volunteers to fulfill. One of these is a Criminal Record Check, including a check for pardoned sexual offenses. The RCMP office in Creston assured me that there was no charge for this, so if they try to charge you, let me know and I'll talk to them. To get your CRC, simply go to the RCMP Detachment and fill out their forms. The check can take up to ten days.

We are also required to check references, and I've enclosed a form outlining the types of questions that we will ask.

Confidentiality is a huge issue for programs such as ours. You will be privy to some extremely personal and private information about some of our riders, and even other volunteers. That information needs to stay here and there is a Confidentiality Agreement in the attached package.

If you have any questions about any of the attached forms, please call me. We hope that you enjoy your time with us and look forward to working together.

Michelle Whiteaway
Program Director



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Name: _____ Date: _____
Address: _____
Phone: _____ email: _____
Employer/School: _____
Work Phone: _____ Cell Phone: _____
Age: under 15 _____ 15 – 19 _____ 19 – 35: _____ 50 – 65: _____ Over 65: _____

If under 18 years old, please provide parent or legal guardian information:

Name: _____
Address: _____

Emergency Contact Information:

Name: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____

How did you hear about the CDSCL Therapeutic Riding Program? _____

Reason for Volunteering: People get involved with volunteer work for many reasons. In order to ensure that your volunteer experience meets your needs, please check all that apply:

- I believe in Therapeutic Riding
- I want to use my skills & experience
- I would like to explore new skills
- I have a friend or family member who has benefited/is benefiting from Therapeutic Riding
- I want to be involved with horses
- I want to be involved with people with disabilities
- I would like to gain experience to apply to my resume
- I would like to develop new relationships and expand my social circle
- Exercise
- Work experience
- Other: _____



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Experience: Please provide a brief description of your experience in the following areas:

Horses & Horse Activities: _____

People with disabilities: _____

Therapeutic Riding: _____

Other experience you feel might be of use i.e. marketing, fundraising, special events, photography, graphic design:

What do you believe would be your greatest contribution to our volunteer program?

What type of volunteer work interests you:

Sidewalking	<input type="checkbox"/>	Horse Handling	<input type="checkbox"/>	Horse Care	<input type="checkbox"/>	Greeter/Social	<input type="checkbox"/>
Fundraising	<input type="checkbox"/>	PR/Newsletters	<input type="checkbox"/>	Special Events	<input type="checkbox"/>	Ring Crew	<input type="checkbox"/>
Carpentry	<input type="checkbox"/>	Sewing	<input type="checkbox"/>	Welding	<input type="checkbox"/>	Office	<input type="checkbox"/>
Office:	<input type="checkbox"/>	Anything	<input type="checkbox"/>	Don't know	<input type="checkbox"/>		

Other: _____



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Are you physically able to walk over uneven ground for an hour with short periods of jogging?
(requirement for sidewalking & horse handling) YES NO

Are you able to hold your arm above shoulder height and support a modest weight, given a chance to
change sides? (requirement for sidewalking) YES NO

Are you available on short notice? YES NO

Please describe your current health status regarding the physical/emotional demands of working in a
therapeutic riding program. Address fitness, cardiac, respiratory, bone, or joint function, recent
hospitalization/surgeries, or lifestyle changes:

Do you feel safe and comfortable with horses? (You do not need to have horse experience, but it is
important to feel comfortable and safe with them to work in the ring during lessons) YES NO

Additional

Comments: _____

I understand that the information provided above is accurate to the best of my knowledge. I know of
no reason why I should not participate in the CDSCL Therapeutic Riding Program.

Signature of Volunteer: _____ Date: _____

Signature of Legal Guardian (if volunteer is under 18) _____

Signature of Witness: _____



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Name of Volunteer: _____ Date: _____

CODE OF ETHICS

The *CDSCL Code of Ethics Policy Number 1.5* articulates general rules of conduct necessary to provide a high standard of service. The policy is on the last three pages of this application package.

Each CDSCL employee or volunteer is expected to conduct him/herself towards individuals, fellow employees, volunteers and others in the manner outlined in the *CDSCL Code of Ethics* Policy.

By signing below, I agree to the following statements:

- As an employee or volunteer of CDSCL, I understand that respect courtesy and dignity are integral to successfully carrying out my duties.
- Knowing this, I understand and agree to keep all the principles of the *Code of Ethics* and I further understand that violation of this agreement in any way may result in my immediate dismissal from employment or volunteer services with CDSCL.
- THIS DOCUMENT will be part of my personnel/personal record and will remain in effect for the duration of my association with CDSCL regardless of position or location changes in employment or volunteer service and shall survive the termination or cessation of the above noted status.

Signature of Volunteer: _____ Date: _____

Signature of Parent if Volunteer under 18: _____ Date: _____

Signature of Witness: _____

CONFIDENTIALITY AGREEMENT

In accordance with Rights and Responsibilities' Policy Number 4.3, prior to the commencement of duties as a CDSCL employee or volunteer, all must have read the above aforementioned policy and signed the following:

- I hereby acknowledge that I have read CDSCL's Policy Number 4.3, "Confidentiality, Protection of Privacy and Disclosure of Information" and the principles therein are clear to me.
- I fully understand each person's right to have information concerning him or her treated in confidence.
- I understand that specific information will only be shared when deemed appropriate and that it will always be done with dignity and respect for that person and that I am to avoid unnecessary conversation regarding others and their affairs.

Signature of Volunteer: _____ Date: _____

Signature of Parent if Volunteer under 18: _____ Date: _____

Signature of Witness: _____



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PHOTO/VIDEO RELEASE/NON-CONSENT

While on outings and during our daily programs many exciting situations arise. By photographing or video taping these events we can share them with you, family members, caregivers, and others and utilize them to demonstrate the “good works” for our organization. For this reason, we ask permission to share these photographs and or videotapes with the general public.

I, _____ of _____
Name Address

Give permission for CDSCL to:

1. Share photographs with the general public Yes No
2. Share video tapes with the general public Yes No
3. Publish photographs/videos/stories on the internet Yes No

Signature of Volunteer: _____ Date: _____

Signature of Witness: _____

Signature of Parent if Volunteer under 18: _____ Date: _____

VOLUNTEER LIABILITY WAIVER

I acknowledge that the sport of horses is a risk sport and that I am participating at my own risk and in full knowledge of the hazards and potential hazards which are inherent in this sport. I further acknowledge the inherent risk in riding, working around horses (mounted and dismounted) and viewing horse activities, which include bodily injury to both horse and rider which can result from therapeutic riding as well as normal use, competition and schooling. It is hereby also understood that no helmet or protective equipment can protect me against all foreseeable injury.

I hereby assume all risk and hereby absolve Creston and District Society for Community Living, its members and volunteers, Kootenay Region Association for Community Living (KRACL) for its members and volunteers from all responsibility, liability or claims of any nature and kind which I may have arising from participation in the Therapeutic Riding Program including but not limited to bodily injury or death, and damage to or loss of my property arising from any cause whatsoever, including negligence of one or more of the organizations or individuals referred to herein.

I hereby declare that in signing this document that I have read and fully understood and agree to the terms and conditions stated herein and that it is binding upon my executors, heirs and assigns.

Signature of Volunteer: _____ Date: _____

Signature of Witness: _____

Signature of Parent if Volunteer under 18: _____ Date: _____



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EMERGENCY MEDICAL TREATMENT INFORMATION

Name: _____
Address: _____
Phone: _____
Emergency Contact Name: _____
Relationship: _____ Phone: _____
Care Card Number: _____
Physician Name: _____ Phone: _____
Medications: _____
Allergies: _____
Other: _____

PLEASE SIGN ONLY ONE OF THE FOLLOWING:

CONSENT FOR EMERGENCY MEDICAL TREATMENT

In case of emergency, **I give permission** to Creston and District Society for Community Living to secure medical treatment including x-rays, surgery, hospitalization and medication.

Signature of Volunteer: _____ Date: _____

Witness: _____

NON CONSENT FOR EMERGENCY MEDICAL TREATMENT

In case of emergency, **I do not give permission** to Creston and District Society for Community Living to secure medical treatment including x-rays, surgery, hospitalization and medication.

Signature of Volunteer: _____ Date: _____

Witness: _____



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VOLUNTEER TERMINATION POLICY

I understand that volunteering for the CDSCL Therapeutic Riding Program is a privilege. CDSCL appreciates all the skill energy and commitment that volunteers bring to our program. Sometimes it may be necessary to remove a volunteer from a specific class or from the Therapeutic Riding Program.

I also understand that, for the sake of safety and in order to maintain the security and continuation of excellence in programming, an inattentive volunteer (or any individual) who cannot perform the functions or duties of a volunteer will be removed from classes, and may be placed in another area of the program, or asked not to return to the Therapeutic Riding sessions.

Absolutely no intoxicated or chemically impaired volunteer will be allowed to assist with any CDSCL operations. If there is any question regarding the ability of a volunteer to perform his/her duties, the CDSCL staff will err on the side of caution and ask the individual to leave the program area and not return.

Signature of Volunteer: _____ Date: _____

Witness: _____



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VOLUNTEER RIGHTS AND RESPONSIBILITIES

VOLUNTEER RIGHTS

- To be treated as a co-worker
- To be given a suitable assignment
- To know as much about the organization as possible
- To receive training for your job
- To receive continuing education for your job
- To have regular evaluations of your volunteer performance
- To be given sound guidance and direction
- To be given promotion and a variety of experience
- To be heard
- To be recognized

VOLUNTEER RESPONSIBILITIES

- To give as much notice as possible if you can't make your lesson time – if we can't find a replacement, a rider may not be able to ride. (Call Michelle at 402-6793 or 402-3400 cell at the barn)
- To be on time – if you are late a student could lose valuable riding time
- To be willing to learn and participate in an in-depth orientation and attend continuing education seminars, workshops etc.
- To continue to learn on the job
- To ask questions if you are unsure of anything
- To have a clear understanding of the needs of the student(s) you are assisting
- To respect confidentiality when assisting a person with special needs
- To be sincere in your offer of service, and believe in the value of the job to be done
- To be loyal to the organization you work with
- To maintain the organization's dignity and integrity with the public
- To carry out duties promptly and reliably
- To accept the guidance and decisions of the Program Director/Instructor
- To understand the function of the paid staff, maintain a smooth and harmonious working relationship with them and other volunteers, and to stay within the bounds of volunteer responsibility

Signature of Volunteer: _____ Date: _____

Signature of Supervisor: _____ Date: _____



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REFERENCE CHECK AUTHORIZATION

I, _____ hereby authorize Creston and District Society for Community Living to conduct reference checks on my behalf for the purposes of a background check for my volunteer profile. Reference sources to be consulted are specific to those provided by myself.

Signature

Date

Witness

Date

Please provide the name and phone number of three references.

Name:	Phone:
Address:	Relationship:
Name:	Phone:
Address:	Relationship:
Name:	Phone:
Address:	Relationship:

CDSCL complies with BC's privacy legislation. We must collect certain information about you in order for you to access the services we provide. We will retain this information as long as required by our governing bodies. At any time, you may request access to this information. Association policies and procedures regarding confidentiality and privacy issues comply fully with the Personal Information Protection Act (PIPA).



Section 1 - General/Organizational

1.5 CODE OF ETHICS

Policy Number: GO15
Policy Section: General/Organizational
Applies to: All
Board Approved: January 31, 2005
Revised: January 2007

Policy:

All employees and volunteers of CDSCL are required to read, understand, agree to and abide by the terms of this Code of Ethics.

Accountability:

Board, staff, volunteers and those who are contracted are accountable to the people served by CDSCL and to the agency. Failure to fulfill the obligations of this Code of Ethics may result in disciplinary procedures and appropriate consequences, as outlined in the Collective Agreement and Bylaws of the Society

Declaration:

Staff members, volunteers, Board members or contractors of CDSCL will sign the ***Code of Ethics Acknowledgement Form*** and shall be committed to the adherence of the following obligations:

- To regard the welfare of the persons served as their primary professional duty.
- To not knowingly enter into an intimate personal, including sexual, relationship with any person served while they are receiving services from CDSCL and for an appropriate period of time after terminating the professional relationship.
- To maintain an objective, non-possessive, non-judgmental, professional relationship with persons served and colleagues.
- To act in a conscientious, diligent, and efficient manner and exhibit responsibility and concern for the well being of colleagues by not ignoring manifestations of illness or unethical conduct.



Section 1 - General/Organizational

1.5 CODE OF ETHICS

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- To strive for competence in the performance of the services and functions undertaken to promote excellence in this agency and to fulfill their obligation and responsibilities with integrity.
- To protect the confidentiality of all professionally acquired information and to disclose such information only when properly authorized or when legally or professionally obligated to do so.
- In the matter of personal use of alcohol and/or other chemicals, to serve as a positive role model for persons served or colleagues.
- To remain aware of personal beliefs and prejudices and refrain from imposing them on persons served or colleagues.
- As part of their commitment to provide quality service, to accept responsibility for continuing their education and professional development and, whenever possible, to take advantage of such opportunities.
- To not use any authority given by the agency in a coercive manner to meet your personal needs.
- To not promote dependence of any person served or colleague but, rather, to assist others to grow and develop skills and abilities.
- To remain aware of the possibility of exploitation and not knowingly engage in activities which may exploit the person served; their families; or colleagues for personal, financial, or social gain.
- To maintain a respectful attitude towards other agencies and if strongly opposed to the methods or philosophies of any agency, to utilize the appropriate lines of communication to address the issue.
- To use due diligence, care and respect in regard to handling assets of individuals, staff and the organization without being wasteful of such assets.



Section 1 - General/Organizational

1.5 CODE OF ETHICS

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- To perform duties with integrity and honesty – falsifying documents, theft, waste of employer’s time, and acts of fraudulence will not be tolerated.
- To act in a considerate, respectful manner towards individuals, staff, volunteers and other stakeholders with whom one interacts while employed by CDSCL. Abuse of any kind will not be tolerated.

Procedures:

1. All suspected violations of the Code of Ethics shall be reported as soon as possible to the appropriate supervisor.
2. If the supervisor deems that further action is required the person will be requested to fill out a “Feedback/Complaints Form” (#1.9) and forward it to the Executive Director or designate within one business day. The Supervisor will inform the Executive Director of the suspected violation of the Code of Ethics as soon as possible.
3. The Executive Director or designate will take appropriate action, including seeking external involvement (e.g. licensing, RCMP) and notifying the Board of Directors where applicable. Notifications shall be made in writing within 24 hours of receiving the written form.
4. Anyone who suspects a violation of the Code of Ethics may choose to submit a “Feedback/Complaints Form directly to the Executive Director.
5. If the suspected violation of the Code of Ethics is committed by the Executive Director, it shall immediately be reported directly to the Chair of the Board of Directors or his/her designate. The Chair shall take appropriate action as above if deemed necessary and call an Executive Meeting to be held within two working days to discuss the matter.

****Note that there will be no reprisal of any kind for staff reporting suspected violations of the Code of Ethics.***