



VOLUNTEER APPLICATION

P.O. Box 1820 223-10th Ave. N. Creston BC, V0B 1G0 ph. (250) 428-2296 fax 428-2297

General Information:

Name: _____ Date: _____

Address: _____

Phone: _____ email: _____

Employer/School: _____

Work Phone: _____ Cell Phone: _____

Age: under 15 _____ 15 – 19 _____ 19 – 35: _____ 50 – 65: _____ Over 65: _____

Parent/Legal Guardian Name & Address: _____

Emergency Contact 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: _____

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 | € | Horse Handling | € | Horse Care | € | Greeter/Social | € |
| Fundraising | € | PR/Newsletters | € | Special Events | € | Ring Crew | € |
| Carpentry | € | Sewing | € | Welding | € | Office | € |
| Office: | € | Anything | € | Don't know | € | | |
| Other | _____ | | | | | | |

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: _____