## Volunteer Form

Équi-Libre Therapeutic Riding Centre



Volunteer information	
Name:	Date of birth:
Home phone:	Cell phone:
Address:	
City:	Postal code:
Email address:	
Emergency contact information	
Medical health card number:	
Allergies:	
Name of emergency contact:	Relationship to volunteer:
Home phone:	Cell phone:
Photo & video consent	
I consent to authorize the use and reproduction by Enfants en taken of me for promotional material, educational activities, ex	Équi-Libre of any and all photographs and any other audiovisual materials hibitions, or for any other use for the benefit of the program?
Volunteer liability release	
the possible benefits to myself and the clients I work with are g myself, my heirs and assigns, executors or administrators, waiv	sks and potential for risks of a horseback riding program. However, I feel that greater than the risk assumed. I hereby, intending to be legally bound, for we and release forever, all claims for damage against Enfants en Équi-Libre, its and all injuries and/or losses I may sustain while participating in the Enfants en
	Volunteer initial:
Volunteer standards of confidentiality	
information about riders which should be treated as confidenti rider will be discussed only with the personnel of enfants en éc	
pertaining to the rider's care are legal documents, and that all i	r parents or any other indiciduals. I recognize that all material and papers information contained therein is confidential.
	Volunteer initial:

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How do you wish	n to volunteer your t	ime?				
Please select one or more of the following volunteer options:  O Horse leading (therapeutic riding lessons & equine assisted therapy sessions)  O Side walking (therapeutic riding lessons & equine assisted therapy sessions)  O Stable care (mucking stalls / paddocks, sweeping, stacking hay etc)  O Cleaning equipment (saddles, brush boxes)  O Horse exercising & training (experience required)  O Horse grooming (training/experience required)						
Availability (day & time)						
Please select one or more of the following days/times:						
O Saturday O Morning (9-12 inclusively) O Afternoon (12-4 inclusively) O 9am – 10am O 10am – 11am O 11am – 12pm O 1pm – 2pm O 2pm – 3pm O 3pm – 4pm	O Sunday  ○ Morning (9-12 inclusively) ○ Afternoon (12-4 inclusively) ○ 9am – 10am ○ 10am – 11am ○ 11am – 12pm ○ 1pm – 2pm ○ 2pm – 3pm ○ 3pm – 4pm	O Tuesday O Evening (4-7 inclusively) O 1pm – 2pm O 2pm – 3pm O 3pm – 4pm O 4pm – 5pm O 5pm – 6pm O 6pm – 7pm	O Wednesday  ○ Evening (4-7 inclusively)  ○ 1pm - 2pm ○ 2pm - 3pm ○ 3pm - 4pm ○ 4pm - 5pm ○ 5pm - 6pm ○ 6pm - 7pm	O Thursday O Evening (4-7 inclusively) O 1pm - 2pm O 2pm - 3pm O 3pm - 4pm O 4pm - 5pm O 5pm - 6pm O 6pm - 7pm	O Friday  ○ Evening (4-7 inclusively)  ○ 1pm – 2pm ○ 2pm – 3pm ○ 3pm – 4pm ○ 4pm – 5pm ○ 5pm – 6pm ○ 6pm – 7pm	
Availability (frequ	iency)					
How often are you as  Weekly Bi-we Are you willing to be Yes No		ite replacement?				
Volunteer incent	ive program					
equine assisted learr	ning (groundwork) sessioned in participating in the	n.	n? Accumulate 25 volunte	eer hours and receive a f	ree riding lesson or	

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We want to hear from you!
How can we better engage volunteers?
Please share with us any comments or feedback so we can make your volunteer experience with us as great as possible!
Name of volunteer (please print):
Signature: Date: