



Dear Prospective Volunteer,

Your assistance is needed at CARD, the Community Association for Riders with Disabilities. Since 1969, CARD has been in operation as a non-profit charitable organization. For over 45 years, CARD has provided quality therapeutic riding programs aiming to improve the lives of children and adults with disabilities. Our highly individualized program is designed for each rider. We are proud of what we accomplish and invite you to become part of our team.

The benefits and joy the riders and their families receive will make your involvement with CARD extremely rewarding. The success of the program depends on regular weekly participation of our volunteers to provide safe and effective therapy lessons for our riders. Without the dedication and commitment of volunteers, our program would not be possible.

We encourage volunteers to maintain a consistent schedule in the day(s) and time(s) they volunteer in each 9 to 11 week session. We understand that your time is valuable and we are willing to be flexible when scheduling your time with program needs. However, because of training involved, we require volunteers to make a weekly commitment of 2 to 4 hours during the 9 to 11 week session.

To apply for any of our volunteer opportunities, please download and complete the volunteer application. Your application can be submitted by fax, email, mail or by dropping it off in person. If you should have any questions, please feel free to contact me at 416-667-8600 ext.3.

Thank you for your interest.

Sincerely,

Judy Wanless
Director of Volunteer Services
CARD

VOLUNTEER APPLICATION



Date _____

Name _____

Parent or Guardian Name _____
(If applicable)

Address _____

City _____ Postal Code _____

Home Telephone Number () _____

Email Address _____

Occupation _____

Company Name _____

Company Address _____

City _____ Postal Code _____

Business Telephone Number () _____

Fax Number _____

If Student, Name of School _____

School Address _____

City _____ Postal Code _____

Telephone Number () _____

Volunteer Position Desired: Program _____ Barn _____ Administration _____

Day(s) and time(s) available _____

In case of emergency, please contact:

Name _____ Relationship _____

Telephone Number () _____

Signature _____ Date _____

*All information is kept private and confidential

Please answer the following questions to help us know our volunteers better...

1. What would you like to gain from your experience at CARD?
2. Do you have experience with horses? If yes, explain briefly.
3. Do you have any equestrian teaching qualifications? If yes, please give details.
4. Do you have experience working with children or adults with disabilities? If yes, explain briefly.
5. Program volunteers either lead the horse or walk beside the horse to assist a rider for up to one hour per lesson. Do you have any physical limitations that would make this difficult for you?
6. List any previous volunteer experience.
7. Do you speak any languages other than English?
8. What special skills, training, interests or hobbies do you have?
9. How did you hear about CARD?

Please provide two personal references, other than relatives:

Name _____ Relationship _____

Telephone Number () _____

How long have you known this person? _____

Name _____ Relationship _____

Telephone Number () _____

How long have you known this person? _____

Thank you for your time. We hope your volunteer experience at CARD will be rewarding!



EMERGENCY MEDICAL INFORMATION

NAME _____

DATE OF BIRTH _____

PARENT/GUARDIAN NAME (if under 16 years of age)

ADDRESS _____

CITY _____ POSTAL CODE _____

CONTACT NAME _____

TELEPHONE NUMBER () _____

ALTERNATE CONTACT NAME _____

TELEPHONE NUMBER () _____

PHYSICIAN'S NAME _____

TELEPHONE NUMBER () _____

HEALTH CARD NUMBER _____

Please list all pertinent medical information (allergies, medications being taken or medical conditions):



Name _____

CONFIDENTIALITY AGREEMENT

I agree to respect and observe the privacy and confidentiality of the participants of CARD, the Community Association for Riders with Disabilities, and not discuss or disclose any personal information about any person or their family.

Date _____

Signature _____

Date _____

Signature _____
Parent/guardian if under 16 years of age

PHOTO RELEASE (optional)

I consent to and authorize the use and reproduction by CARD, Community Association for Riders with Disabilities, of any or all photographs and any other audio-visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Date _____

Signature _____

Date _____

Signature _____
Parent/guardian if under 16 years of age

VOLUNTEER LIABILITY RELEASE

As a volunteer at CARD, Community Association for Riders with Disabilities, I acknowledge the risks and potential for risks of a horseback riding program. However, I feel that the possible benefits to myself and the riders. I work with are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against CARD, Community Association for Riders with Disabilities, its Board of Directors, Instructors, Therapists, Volunteers and/or employees for any and all injuries and/or losses I may sustain while participating in CARD, Community Association for Riders with Disabilities programs.

Date _____

Signature _____

Date _____

Signature _____
Parent/guardian if under 16 years of age