



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 50 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 18 years of age

## **PHOTO, WEBSITE & SOCIAL MEDIA CONSENT AND RELEASE**

IN CONSIDERATION of the Community Association for Riders with Disabilities continuing to provide services to the community, I hereby

a) Grant permission to the said Association and anyone authorized by the said Association to take, use and reproduce, for the purpose of instruction, publication in scientific journals and for any other use for the benefit of the said Association, still or video photography of \_\_\_\_\_ (*insert "myself" or name of participant*)

b) Release all claims on behalf of myself, my heirs, executors, administrators and assigns where I (or the said participant) may have had against the said Association, its directors, officers, employees, volunteers, affiliates, agents and assigns, for the use and reproduction of any still or video photography taken and used aforesaid.

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Parent/guardian if under 18 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 18 years of age