



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.

Volunteers must 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.

You will be required to attend an Information Session and a Hands-On Training Session before being placed into the program.

To apply for any of our volunteer opportunities, please download and complete the volunteer application. You are required to provide CARD with two (2) references, other than relatives. Your references will need to complete the "Volunteer Reference Check" form and submit the form to CARD before your application can be considered.

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 or judy@card.ca.

Thank you for your interest.

Sincerely,

Judy Wanless
Director of Volunteer Services
CARD



Volunteer Application

Date: _____

Name: _____

Parent/Guardian name _____
(If applicable)

Address: _____

City: _____ Postal Code: _____

Home Telephone Number () _____

Email Address: _____

If employed, please provide the following information:

Occupation: _____

Company Name: _____

Company Address: _____

City: _____ Postal Code: _____

Business Telephone Number: () _____

If Student, Name of School: _____

School Address: _____

City: _____ Postal Code: _____

Telephone Number: () _____

Volunteer Position Desired:

- Program
- Barn
- Administration

Please check day(s) and time(s) available:

	Morning	Afternoon	After School	Evening
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

Do you hope to obtain Community Service Hours for high school graduation from your experience at CARD?

Yes _____ No _____

In case of emergency, please contact:

Name: _____ Relationship: _____

Telephone Number: () _____

Please check any training/checks that you have completed:

- AODA
- First Aid
- CPR
- Vulnerable Sector Screening
- Police Screening Check

Signature: _____ Date: _____

*All information is kept private and confidential

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

1. Which of the following skills do you believe you possess? Please check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Organized | <input type="checkbox"/> Works well with others |
| <input type="checkbox"/> Able to follow instructions well | <input type="checkbox"/> Able to work in flexible environment |
| <input type="checkbox"/> Patient | <input type="checkbox"/> Committed |
| <input type="checkbox"/> Able to multitask | <input type="checkbox"/> Able to manage time well |
| <input type="checkbox"/> Willingness to learn | <input type="checkbox"/> Strong work ethic |
| <input type="checkbox"/> Able to communicate well | |

Please list any other skills you may have:

2. Please check any skills that you would like to develop:

- | | |
|--|---|
| <input type="checkbox"/> Communication | <input type="checkbox"/> Flexibility/Adaptability |
| <input type="checkbox"/> Leadership | <input type="checkbox"/> Horsemanship |
| <input type="checkbox"/> Interpersonal | |

Please list any other skills you would like to develop:

3. What would you like to gain from your experience at CARD?

- | | |
|--|---|
| <input type="checkbox"/> Horse experience | <input type="checkbox"/> A new passion |
| <input type="checkbox"/> Networking/meeting new people | <input type="checkbox"/> Experience working with individuals with different abilities |
| <input type="checkbox"/> New working environment | |
| <input type="checkbox"/> Other (please specify) | |

4. Do you have any experience with horses?

- Yes
 No

If yes, explain briefly: _____

5. Do you have any equestrian teaching qualifications?

- Yes
 No

If yes, give details: _____

6. Do you have experience working with children or adults with disabilities?

Yes

No

If yes, explain briefly: _____

7. Program volunteers either lead the horse or walk beside the horse to assist the rider for up to one hour per lesson. Do you have any physical limitations that would make this difficult for you?

Volunteering at CARD is not suitable for people with mobility issues.

Yes

No

If yes, explain briefly: _____

8. List any previous volunteer experience.

9. Do you speak any languages other than English? If yes, please check all that apply.

French

Portuguese

Spanish

Tagalog

Cantonese/Mandarin

Tamil

Italian

Farsi

Other (please specify)

10. What special skills, training or hobbies do you have?

11. How did you hear about CARD?

Job board

Friend/family

Website

Other (please specify)



Volunteer Reference Check Form

CARD would appreciate your assistance in providing us with a reference on behalf of the individual, who is applying to volunteer their services.

All information provided is confidential.

Candidate's Name: _____

Volunteer Position Applied For: _____

Reference's Name: _____

Title/Relationship: _____

Phone #: _____ Email: _____

1. In what capacity do you know the candidate who has given your name as a reference?

2. How long have you known the candidate? _____

3. Are you related to the candidate in any way?

Yes

No

4. Were you his/her supervisor at any time?

Yes

No

5. What word would you use to best describe him/her as a person?

6. Please check any of the strengths you believe the candidate possesses:

Compassion

People skills

Cooperation

Reliability

Energy

Responsibility

Initiative

Sensitivity to Others

Patience

Trustworthiness

7. If former employee, would you rehire this person?

Yes

No

Additional Comments:

Date of Reference Check: _____

Signature of Reference: _____

Thank you for taking the time to provide this reference.

CARD
4777 Dufferin Street, Toronto, Ontario M3H 5T3
Telephone Number: (416) 667-8600
Fax Number: 416-739-7520
Email: judy@card.ca
Website: <http://card.ca/>



EMERGENCY MEDICAL INFORMATION

NAME: _____

DATE OF BIRTH: _____

PARENT/GUARDIAN (if under 18 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. I understand that violating this agreement may result in termination as a volunteer with CARD.

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 me 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 and 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 the CARD, Community Association for Riders with Disabilities program.

Date: _____

Signature: _____

Date: _____

Signature: _____

Parent/guardian if under 18 years of age

RELEASE OF INFORMATION

I hereby give permission for the information on CARD's Volunteer Application to be stored and used for CARD's purposes. I understand that the information will be used for direct mailing and emailing.

Date: _____

Signature: _____

Date: _____

Signature: _____

Parent/guardian if under 18 years of age