



DATE: \_\_\_\_\_

## COMOX VALLEY THERAPEUTIC RIDING SOCIETY

250-338-1968/www.cvtrs.com

Follow us on Facebook: CVTRS@groups.facebook.com

### **VOLUNTEER APPLICATION / REGISTRATION FORM**

*Orientation and training workshops are ongoing and are available to all volunteers.*

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE: Home \_\_\_\_\_ Cell \_\_\_\_\_

EMAIL \_\_\_\_\_ STUDENT? Yes \_\_\_ No \_\_\_

#### **PLEASE DESCRIBE YOUR EXPERIENCE WITH:**

SPECIAL NEEDS COMMUNITY: \_\_\_\_\_

\_\_\_\_\_

HORSES: \_\_\_\_\_

OTHER SKILLS (I.E. carpenter, fundraising, special events, project management...)

\_\_\_\_\_

#### **ALL VOLUNTEERS ARE INSURED BY OUR PROGRAM**

**You are expected to commit a minimum of 1 or 2 hours per week for the duration of a 10 week session. *If you are unable to come you must call as soon as possible, 338-1968 so we can arrange a substitute for you.***

**IN CASE OF EMERGENCY CONTACT**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

PHONE: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**VOLUNTEER LIABILITY RELEASE**

As a volunteer with The Comox Valley Therapeutic Riding Society at 4839 Headquarters Rd, Courtenay, B.C. I acknowledge the risks and potential for risks of any equine activity. I feel that the possible benefits to myself and clients 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 The Comox Valley Therapeutic Riding Society, it's Board of Directors, Staff, Volunteers, Comox Valley Regional District, for any and all injuries and/or losses I may sustain with participation in The Comox Valley Therapeutic Riding Society.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

**VOLUNTEER STANDARD OF CONFIDENTIALITY**

I recognize that my role as a volunteer with The Comox Valley Therapeutic Riding Society will entitle me to certain information about riders which shall be treated as confidential. All information given to me by a parent/instructor/rider in regard to a rider will be discussed only with the personnel of The Comox Valley Therapeutic Riding Society. At no time will I discuss any information about riders with other parents or any other individuals. I recognize that all material and papers pertaining to the rider's care are legal documents and that all information contained therein is confidential.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

**PHOTO RELEASE**

I consent to authorize the use and reproduction by The Comox Valley Therapeutic Riding Society of any and all photographs and any other audiovisual materials taken of me for promotional materials, educational activities, exhibitions, or for any other use for the benefit of the program.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

**THANK YOU FOR YOUR INTEREST IN CVTRS  
WE HOPE YOU ENJOY YOUR TIME HERE!**