VOLUNTEER FORM
ALL PROGRAMS

Volunteer information	
Name:	Date of birth:
Home phone:	Cell phone:
Address:	
City:	Postal code:
Medical health card number:	Allergies:
Email address:	
Do you have experience with horses (not required): ◯ Yes / ◯ No	
Do you have experience working with individuals with special needs (not required): ◯ Yes / ◯ No	

Emergency contact information	
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 Équi-Libre of any and all photographs and any other audiovisual materials taken of me for promotional material, educational activities, exhibitions, or for any other use for the benefit of the program?

◯ Yes / ◯ No

Volunteer liability release

As a volunteer with Enfants en Équi-Libre, I acknowledge the risks and potential for risks of a horseback riding program. However, I feel that the possible benefits to myself and the 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 damage against Enfants en Équi-Libre, its instructors, therapists, volunteers and/or employees for any and all injuries and/or losses I may sustain while participating in the Enfants en Équi-Libre program.

Volunteer initial: _____

Volunteer standards of confidentiality

I, _____, recognize that my role as a volunteer with Enfants en Équi-libre will entitle me to certain information about riders which should be treated as confidential. All information given to me by a parent, instructor, or rider in relation to a rider will be discussed only with the personnel of Enfants en Équi-libre.

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.

Volunteer initial: _____

How do you wish to volunteer your time?

Please select one or more of the following volunteer options:

- ◯ Horse leading (therapeutic riding lessons & equine assisted therapy sessions)
- ◯ Side walking (therapeutic riding lessons & equine assisted therapy sessions)
- ◯ Stable care (mucking stalls / paddocks, sweeping, stacking hay etc)
- ◯ Cleaning equipment (saddles, bridles, brush boxes)
- ◯ Horse exercising & training (experience required)
- ◯ Horse grooming (training/experience required)

Availability (please note that we ask for a minimum of 6 hours / month)

Please select one or more of the following days/times:

◯ Saturday	◯ Sunday	◯ Tuesday	◯ Wednesday	◯ Thursday	◯ Friday
◯ Morning (9-12 inclusively)	◯ Morning (9-12 inclusively)	◯ Evening (4-7 inclusively)	◯ Evening (4-7 inclusively)	◯ Evening (4-7 inclusively)	◯ Evening (4-7 inclusively)
◯ Afternoon (12-4 inclusively)	◯ Afternoon (12-4 inclusively)	◯ 1pm – 2pm	◯ 1pm – 2pm	◯ 1pm – 2pm	◯ 1pm – 2pm
◯ 9am – 10am	◯ 9am – 10am	◯ 2pm – 3pm	◯ 2pm – 3pm	◯ 2pm – 3pm	◯ 2pm – 3pm
◯ 10am – 11am	◯ 10am – 11am	◯ 3pm – 4pm	◯ 3pm – 4pm	◯ 3pm – 4pm	◯ 3pm – 4pm
◯ 11am – 12pm	◯ 11am – 12pm	◯ 4pm – 5pm	◯ 4pm – 5pm	◯ 4pm – 5pm	◯ 4pm – 5pm
◯ 1pm – 2pm	◯ 1pm – 2pm	◯ 5pm – 6pm	◯ 5pm – 6pm	◯ 5pm – 6pm	◯ 5pm – 6pm
◯ 2pm – 3pm	◯ 2pm – 3pm	◯ 6pm – 7pm	◯ 6pm – 7pm	◯ 6pm – 7pm	◯ 6pm – 7pm
◯ 3pm – 4pm	◯ 3pm – 4pm				

How often are you available to volunteer?

◯ Weekly ◯ Bi-weekly ◯ Monthly

Are you willing to be contacted as a last-minute replacement?

◯ Yes ◯ No

◯ In the event that a rider/client has cancelled or does not show up for their lesson/therapy session, I as the volunteer understand that I could be asked to carry-out other volunteer tasks during that scheduled time.

Volunteer incentive program

Are you interested in participating in our volunteer incentive program? Accumulate 25 volunteer hours and receive a free riding lesson or equine assisted learning (groundwork) session.

- ◯ Yes, I am interested in participating in the incentive program!
- ◯ No, I am <u>not</u> interested in participating in the incentive program

We want to hear from you!
How can we better engage volunteers? Please provide us with your feedback for that we can make your volunteer time with us the best experience possible:

Name of volunteer: _____

Signature: _____ Date: _____