



VOLUNTEER APPLICATION
POWELL RIVER THERAPEUTIC RIDING

D.1.i

A. Personal Information

Name: _____

Date of Birth (m/d/y): _____

Personal Health Number: _____

Address: _____

City: _____ Postal Code: _____

E-mail address: _____

Phone: (h) _____ (w) _____ (other) _____

Workplace/School: _____

How did you find out about PRTRA? _____

B. Volunteer Information

Classes are held:

MONDAY 10:30 AM – 1:30 PM – preschool children

TUESDAY 9:30 AM – 12:15 PM (Groom & Tack begins at 8:30 am) - adult

WEDNESDAY 9:30 AM – 2 PM (Groom & Tack begins at 8:30 am) – school age

THURSDAY 9:30 AM – 1:30 PM (Groom & Tack begins at 8:30 am) – school age

In addition to the above scheduled classes, Private and semi-private lessons are held Monday – Thursday afternoons.

PLEASE NOTE

If you are unable to come as scheduled, please call us AS SOON AS POSSIBLE at 604-485-0177 so we can arrange a substitute for your position.



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D.1.i

C. Emergency Contact

Please let us know the name of someone we can reach on your behalf, in case of emergency:

Name: _____ Relationship to Applicant: _____

Phone: (h) _____ (w) _____ (other) _____

Please let us know if you have a condition which may inhibit your ability to support our riding program.

D. Criminal Records Check

PRTRA requires all volunteers to be of 16 years of age or older and to have a background or Criminal Records Check done so they may work with people in the program. We specifically require a **Vulnerable Persons Check**. This is a free service that you must apply for on-line at <https://justice.gov.bc.ca/eCRC/>. This link will take you to the sign in page, scroll down and enter this code: **DFKFUH8PQX** in the box at the bottom where it says “enter the access code provided by your organization”, continue to enter the little secret code and click ‘request a new criminal record check’ (unless you are sharing one you have done previously-then click that). You will then be taken to our page where you will see our organization’s information, read through and click ‘Next’, read through that page, answer the questions as you choose and proceed. You will then be taken to the application page where you enter your information and proceed through the application process. If you require any assistance, please contact the Office & Volunteer Coordinator at 604-485-0177 or prtravolunteer@gmail.com.

Note: Law requires that all people working or volunteering at PRTRA complete or update their Criminal Record Check every five years.

PRTRA treats all personal information as confidential and does not release it to any other organization. Any information provided may be used for data collection, fundraising or mailings. If you prefer to have your name excluded from any of these uses, please notify the PRTRA office at 604-485-0177

Once we have received the forms we will contact you regarding training. We will discuss when you are available, which shifts we need filled, if you would like to help in an on-call manner, and other volunteer opportunities. Volunteers are required to take refresher training courses annually for the tasks the volunteer is undertaking.



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Thank You on behalf of PRTRA and the people you will be donating your time to!

LIABILITY RELEASE

As a volunteer with the Powell River Therapeutic Riding Association, located at 4356 Myrtle Ave, Powell River, BC, V8A 0T2, 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 waive all present and future claims against the Powell River Therapeutic Riding Association, its Board of Directors, Instructors, Therapists, Employees, Contractors or Volunteers for any and all damages, personal injury, and loss of personal property for myself, my heirs and assigns, executors or administrators, while participating in any activities on behalf of the Powell River Therapeutic Riding Association.

Signature: _____ Date: _____

Signature of Parent/Guardian *if Volunteer under 18*: _____

Witness: _____ Date: _____

PHOTO RELEASE FORM

I, _____ give my consent to the Powell River Therapeutic Riding Association to use and/or reproduce any and all photographs and/or audiovisual materials taken of me for promotional, educational, advertising or other activities, including the website for the benefit of the program. I understand I will not receive financial compensation for the use of any photographs or other media.

Signature: _____ Date: _____

Signature of Parent/Guardian *if Volunteer under 18*: _____

Witness: _____ Date: _____