

Volunteer Application Form

Powell River Therapeutic Riding

1. **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 – 1:30 PM (Groom & Tack begins at 8:45 am) - adult

WEDNESDAY 9:30 AM – 2 PM (Groom & Tack begins at 8:45 am) – school age

THURSDAY 9:30 AM – 1:30 PM (Groom & Tack begins at 8:45 am) – school age

**\*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.**

**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) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**D. Criminal Records Check – for new volunteers**

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 the persons 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 Volunteer Coordinator at 604-485-0177 or prtravolunteer@gmail.com.

*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 your schedule; we will discuss when you are available, which shifts we need filled, if you would like to help in an on-call manner, other volunteer opportunities etc.

**And, Thank You, Thank You on behalf of PRTRA and the persons 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, Assistant Instructor, Therapists, Employees, Contractors or Volunteers for any and all damages, personal injury, 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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/Gaurdian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**POWELL RIVER THERAPEUTIC RIDING ASSOCIATION**

4356 Myrtle Ave. Powell River, BC V8A 0T2

Tel: 604 485-0177; Fax: 604 485-0178

[www.prtherapeuticriding.com](http://www.prtherapeuticriding.com)

[prtra@shawbiz.ca/](mailto:prtra@shawbiz.ca/) volunteer@shawbiz.ca

BN 891519449 RR0001

**Code of Conduct and Confidentiality Policy**

Powell River Therapeutic Riding Association (PRTRA) has established the following Code of Conduct and Confidentiality Policy to define acceptable behaviours and promote high standards for the organization.

**Code of Conduct**

Employees, volunteers and Board members of PRTRA are expected to conduct themselves in a professional manner. They will:

1. Treat one another with dignity and refrain from any form of harassment, bullying, discrimination or abuse.
2. Maintain an environment that advocates cooperation, communication and respect for the ideas of others.
3. Demonstrate honesty, integrity and fairness in dealings with other staff, volunteers, Board members and clients of service.
4. Respect PRTRA property.
5. Treat all animals on premises humanely and report any mistreatment to the Barn Manager or another staff member immediately.
6. Maintain confidentiality with regard to all business relating to PRTRA as per the policy below.
7. Comply with safety standards, policies and procedures.
8. Attend to duties outlined in job description and/or assigned by supervisor in a professional and timely manner.
9. Manage resources effectively and responsibly.
10. Take responsibility for identifying any gaps in knowledge/training or other barriers to performing job description and bring them to attention of staff.
11. Do not attend PRTRA premises under the influence of alcohol, drugs or other intoxicants.

**Confidentiality Policy**

Due to the nature of therapeutic horseback riding, it is the policy of PRTRA that any and all information pertaining to our rides, their family, and volunteers shall remain privileged and confidential. This information may include, but is not limited to, any medical, social, referral, personal, and/or financial information that may be disclosed as a result of participation at PRTRA.

Disclosures of any confidential information shall not be released to anyone not associated with PRTRA. Discussions involving any rider shall be limited to progress reports, appropriate safety instructions and any other guidelines the instructor considers appropriate in each situation.

Volunteers will be given information concerning students on a strictly “need to know” basis and in keeping with the confidential nature of our client’s records. In order to ensure clients of the confidential status of their information, all rider records will be stored securely on the premises and only authorized staff will have access to secure records locations. It is the responsibility of each staff member to ensure that client records are secured in locked filing cabinets. No confidential client information will be removed from the premises.

Volunteers and staff are not permitted to discuss riders with other volunteers, their parents, friends or guardians, or anyone other than PRTRA staff. Interviews or other forms of public discussion via any media (such as television, radio, internet or print media) are prohibited by any volunteer and may only be conducted by staff with prior approval. All such matters must be directed to the Program Coordinator for appropriate action.

This policy is intended for the protection of our clients as failure to adhere to its principles may cause harm. As such, any breech of this policy by any staff member or volunteer will result in disciplinary action and may result in the termination of service with PRTRA.

*I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have read and agree to uphold the PRTRA Code of Conduct and Confidentiality Policy as stated above.*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Volunteer Signature Date*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Parent/Guardian ~ if Volunteer under 18 Date*