



Cowichan Therapeutic Riding Association

1843 Tzouhalem Road, Duncan, BC, V9L 5L6

Phone: 259 746 1028 Fax: 250 746 1033

Email: colleen@ctra.ca Website: www.ctra.ca

VOLUNTEER APPLICATION

PERSONAL INFORMATION:

*(All items with a * must be filled in)*

*Name: _____ Phone: *Home _____ *Cell: _____

*Email: _____ Phone: *Work _____

*Mailing address: Street: _____

*City: _____ *Prov: _____ *Postal Code: _____ *Birthdate: _____

Parent(s) or Guardian(s) – (If under 18 years of age): _____

*In Case of Emergency:

Contact Person: _____ Phone: _____

Physician: _____ Phone: _____

Is there any Medical Conditions, Medications or Allergies we should be aware of: _____

Previous Volunteer/Employment Positions: Most recent first:

Organization	Responsibilities	From - M/Y to M/Y
_____	_____	_____
_____	_____	_____
_____	_____	_____

Skills, Training, Education:

Background:

Describe your experience working with people with disabilities: _____

Briefly describe your experience with horses (***)Please note you don't need to have any experience with horses to volunteer here at the centre. We provide all the training): _____

Do you have any Pony Club experience? Yes No If yes, level attained: _____

Do you have any Coaching experience? Yes No If yes, please describe _____

*Are you currently employed? No if Yes: f/t p/t shift work flexible
(This will allow us to plan your shift to best suit your schedule)

***Availability – Please circle the best days and times that you are available:

Mon	Tues	Wed	Thurs	Fri	Sat
AM PM	AM PM	AM PM	AM PM	AM PM	AM PM

What time would suit you best? _____ Are you available for On Call: Y or N

References:

List three persons not related to you who have known you for more than three years. Addresses should be complete. These could include a current employer, a co-worker or supervisor, a family physician or church clergy, etc.

Name	Address	Phone /Fax
1. _____		
2. _____		
3. _____		

GENERAL INFORMATION:

Where did you hear about this organization? _____

Do you have a reasonable level of fitness (able to walk rough and hilly terrain for 45 minutes and provide support above shoulder height for brief periods of time)? _____

What do you hope to gain from your experience of volunteering for the Cowichan Therapeutic Association Centre: _____

OUR GREATEST NEED IS FOR SIDEWALKERS AND HORSE HANDLERS, HOWEVER, WE DO REQUIRE HELP IN OTHER AREAS.

PLEASE CHECK THOSE AREAS YOU MAY BE INTERESTED IN:

- _____ Sidewalker
- _____ Horse Handler in lessons (Horse Handlers must complete training provided)
- _____ Barn Help
- _____ Grooming and Tacking up
- _____ Fundraising
- _____ Trail Clearing
- _____ Publicity
- _____ Equipment Care/Tack Cleaning
- _____ Gardening
- _____ Other (Please specify any specific skills or training that may be useful)

PLEASE READ CAREFULLY AND INITIAL EACH SECTION:

VOLUNTEER LIABILITY RELEASE

As a volunteer with Cowichan Therapeutic Riding Association at providence Farm, I acknowledge the risks of a horse back riding program. However, I feel that the possible benefits to the clients I work with and to myself are greater than the risk assumed. I hereby intend to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever, all claims for damages against the Cowichan Therapeutic Riding Association, its Board of Directors, Instructors, Therapists, Volunteers and /or Employees and Providence Therapeutic Riding Centre for any and all injuries and/or losses I may sustain while participating in the Cowichan Therapeutic Riding Program.

Initials: _____

CRIMINAL RECORD CHECK

I here authorize the Canadian Mounted Police to provide a criminal record check based on the information I provide in the application. I authorize the results of such a check to be passed onto the Executive Director and the Coordinator of Volunteers of the Cowichan Therapeutic Riding Association. I realize that past criminal incidents may preclude my involvement with the program

Initials: _____

PHOTO RELEASE PERMISSION

I consent to authorize the use and reproduction by Cowichan Therapeutic Riding Association of any and all photographs and any other audiovisual materials taken of me for promotional material, educational activities, or for any other use for the benefit of the program

Initials: _____

VOLUNTEER STANDARDS OF CONFIDENTIALITY

I, _____ recognize that my role as a volunteer with Cowichan Therapeutic Riding Association will entitle me to certain information about riders, which should be treated as confidential. All information given to me by a Parent/Instructor/Rider in relation to a rider will be discussed only with the personnel of Cowichan Therapeutic Riding Association.

At no time will I discuss any information about riders with other parents or any individuals. I recognize that all materials and papers pertaining to the riders care and condition are legal documents, and that all information contained therein is confidential.

Initials: _____

GUIDELINES FOR ARENA VOLUNTEERS:

- Read and understand the Volunteer Handbook.
- Attend Training Clinics when presented.
- Abide by Dress Code as explained on page 5 of Volunteer Handbook.
- Commit to the Ten Week Session; give adequate notice if unable to attend.
- Arrive ten minutes before lesson start time.
- Park at rear of arena, drive slowly around arena.
- Turn cell phones off or set to vibrate if really needed.
- Treats for the horses are welcome but not in your pocket or before the lesson.

I have read and fully understand and agree to all terms and conditions stated herein:

Signature: _____ Date: _____

Print Name: _____

Witness: _____ Print Name: _____

For volunteers under the age of majority:

Signature of Parent: _____ Date: _____

Print Name: _____

Office Use Only:

Date Attended Orientation: _____ Initials: _____

Date Attended Side Walking Clinic: _____ Initials: _____

Date Attended Horse Handling Clinic: _____ Initials: _____

_____ Initials: _____

_____ Initials: _____



Cowichan Therapeutic Riding Association
at Providence Farm 1843 Tzouhalem Rd., Duncan, B.C. V9L 5L6

Local RCMP Community Policing Office
Or local RCMP Detachment

To Whom It May Concern:

Dear Sir/Madam,

Please accept this letter as proof that _____ is applying for a volunteer position with our not-for-profit organization, the Cowichan Therapeutic Riding Association.

All volunteers are required to undergo a Criminal Record Check prior to any involvement with our programs. We appreciate your time in facilitating this process and your continued effort in supporting not-for-profit programs in the Cowichan Valley.

Sincerely,

CHunt

Colleen Hunt
Operations Manager, Volunteer Coordinator, Cowichan Therapeutic Riding
Providence Farm, 1843 Tzouhalem Road
Duncan, BC, V9L 5L6
colleen@ctra.ca & www.ctra.com



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1843 Tzouhalem Rd., Duncan, B.C. V9L 5L6

Volunteer Applicant
Re: Criminal Record Checks for CTRA Volunteers

Dear Sir/Madam,

First of all, thank you for your interest in applying to become a volunteer with the Cowichan Therapeutic Riding Association (CTRA). The CTRA could not operate without the continued dedication and effort of volunteers just like you.

As you may be familiar, our facility is the only therapeutic riding center in British Columbia and the "Yukon Territories" currently accredited by the Canadian Therapeutic Riding Association (CanTra). As such, we are subject to the standards and policies of this governing body. CanTra specifies that "all personnel, whether paid or volunteer must have a police check before working in the program."

We at the CTRA agree with, and abide by, this policy. Criminal Record Checks are an important aspect of ensuring the safety of the clients, staff, and volunteers within the CTRA. We appreciate your cooperation in fulfilling this requirement of our volunteer application. Be assured that this process will not cost you any out-of-pocket expense. The RCMP waives any fees for criminal record checks for those applying for volunteer positions with not-for-profit programs in the Cowichan Valley. You will be provided with a letter from the CTRA confirming your relationship with our organization in your volunteer application package. Make sure you bring this letter with you when you apply for your Criminal Record Check.

In order to obtain your Criminal Record Check, you will have to visit the Community Policing Office at 149 Canada Ave, Duncan BC. This office is located next to the Bank of Montreal and across from the Train Station. You will need to bring 2 pieces of *valid* Government-issued ID (one of which must include a photo – i.e. a driver's license, passport, or BC Identification). You must apply for the Criminal Record Check in person and pick up the completed Check in person. It is up to you whether or not you wish to continue with the application process to become a CTRA volunteer at that point. In order to become a registered volunteer, you must submit the Criminal Record Check to either the Volunteer Coordinator or the Executive Director at the CTRA.

Before you submit your completed Criminal Record Check to the CTRA, please be aware that the results of your Check may disqualify you from further involvement with our programs. In the event of this conflict, you will be notified immediately.

Our best regards and continued appreciation,

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