



Volunteer Registration Form 2019

Please note: All volunteers must submit a Child Abuse Registry Check on their own behalf (every 3 years). Please provide FSTRA with a copy of your letter when it arrives. All volunteers (18 years +) are required to have a valid Vulnerable Sector Criminal Record Check.

Volunteer's Full Name (First/Middle/Last)	Birthday (D/MM/YYYY)	Gender
Home Phone	Cell Phone	Email Address
Mailing Address (PO Box, Street Address, City, Province, Postal Code)		
Preferred Method of Communication: <input type="checkbox"/> email <input type="checkbox"/> phone <input type="checkbox"/> text <input type="checkbox"/> facebook		
Emergency Contact	Phone Number	Relationship to You

Please check the volunteer roles you are interested in:

- Side Walker
 Leading Horses
 Tacking up Horses
 Helping with Events/Fundraisers

Availability

Please indicate your availability for the upcoming 12 week session. Each volunteer must be able to provide 1 hour minimum on a weekly basis. Please indicate day and times. Check **all possible** times you would be available.

What is the maximum number of hours you wish to volunteer in a week? _____

Mondays	✓
11:00am-12:00pm	
12:00-1:00pm	
1:00-2:00pm	
2:00-3:00pm	
4:00-5:00pm	
5:00-6:00pm	
6:00-7:00pm	

Tuesdays	✓
3:00-4:00pm	
4:00-5:00pm	

Wednesdays	✓
4:00-5:00pm	

Thursdays	✓
9:00-9:30am	
10:00-11:00am	
11:00am-12:00pm	
12:00-1:00pm	
4:00-5:00pm	
5:00-6:00pm	

Are you interested in joining our sub list? If so, what is the best way to contact you to fill in for someone? _____

Medical Information

 Family Doctor

 Doctors Phone

 Provincial Health Card #

 Expiry

 Last Tetanus Shot

 Do you carry an epipen? Reason?

 Allergies: _____

In the unlikely event of an emergency where you need to be seen by medical professionals (paramedics etc), the Executive Director or Instructor needs to know if you take any medications. In the event of an emergency, your emergency contact will be contacted.

Medication Name	Medication Name	Medication Name	Medication Name

I hereby certify that this medical information is correct to the best of my knowledge

 Date

 Signature

*Please fill out the following if this is your **first time** volunteering with FSTRA:*

Please indicate your experiences with horses (if any but not required):

Please indicate your experience working with individuals who present with exceptionalities/ disabilities (if any but not required):

Why would you like to volunteer with FSTRA?

Picture/Video Release

I, _____ permit the use of videos and/or pictures
Name of volunteer/guardian/parent

of _____ in promoting FSTRA through therapeutic riding
Name of volunteer

activities and programs.

Signature of Legal Guardian/Parent or Volunteer (18 years +)

Date

Consent to Receive Emails

By signing below I am consenting to receiving promotional emails and newsletters from the Free Spirit Therapeutic Riding Association.

Signature of Volunteer

Date

Confidentiality Policy

I, _____ recognize that my role as a volunteer with the Free Spirit Therapeutic Riding Association Inc., will entitle me to certain information about riders and clients 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 the Free Spirit Therapeutic Riding Association, Inc.

Volunteer's Full Name	Year	Sessions	Parent/Guardian Signature Signing on behalf of volunteer if applicable
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Initial FSTRA's Waiver and Disclaimer Policy

- 1) I understand that the named volunteer's participation in Free Spirit Therapeutic Riding Association Inc., (FSTRA) and its activities and programs is completely voluntary, and I confirm that I have familiarized myself with FSTRA's program and activities in which the volunteer will be participating.
- 2) I recognize that certain hazards and dangers are inherent in FSTRA's activities. These activities include, but are not limited to, equestrian vaulting, horseback riding, leading horses, equestrian games and stable management. I acknowledge that although FSTRA has taken safety measures to minimize the risk of injury to clients, volunteers and their property, FSTRA cannot guarantee that the clients/volunteers or their property will be free from injury or damage. I, release FSTRA, Rohan Wood Stables, and their respective boards, directors, staff, agents and volunteers from any loss, personal injury, or damage that I/ the named volunteer or my/his/her property suffer. I acknowledge the importance of clients & volunteers knowing and abiding by FSTRA's rules, regulations, and procedures for the safety of clients & volunteers.
- 3) **Medical Waiver** In case of emergency, I hereby give permission to any staff or volunteers of FSTRA to provide me/the named volunteer with the proper and necessary first aid and medical treatment. My signature on this application shall give such staff or volunteers of FSTRA the right to approve and obtain medical attention necessary for my/the volunteer's welfare and good health including, but not limited to, ordering injection, anesthesia or surgery. In such situation FSTRA will attempt to contact the Guardian or Emergency Contact Person as soon as possible. I agree to be responsible for any expenses that may result from such medical services including but not limited to, any ambulatory charges. I have read this entire form and I accept the waivers, conditions and policies.
- 4) **Release of Information** I hereby give permission for the information on FSTRA's forms (Volunteer Application) to be stored and used for FSTRA's purposes. I understand that the information will be used for direct mailings for volunteer follow-up.
- 5) **Dismissal & Acceptance**
The Free Spirit Therapeutic Riding Association Inc., reserves the right to dismiss any volunteer at any given time at the discretion of the Board of Directors. Dismissal will be given both verbally and in writing. FSTRA reserves the right to not accept volunteers deemed unsuitable for the nature of our work.

I acknowledge that my signature on these waiver forms are effective for all 2019 FSTRA programs including the spring session, summer camp and fall session participation. _____

initial

****Application will not be accepted without this signature ****

**** Must have a parent/guardian sign if under 18 years of age ****

Date: _____ Volunteer Name: _____

Volunteer Signature: _____

Date: _____ Parent/Guardian Name: _____

Parent /Guardian Signature: _____

This signature certifies that I have read and accepted all the conditions herein.