Pacific Riding for Developing Abilities

Date_____

Volunteer Information Sheet

Surname_____ First Name_____

Address_____ City/ Prov. _____

Postal Code_____ Birthday (mm/dd/year)_____

Home Ph #(____)_____ Cell Ph #(____)_____

Email_____ Occupation_____

In case of emergency please contact:

Name_____ Contact Phone #(____)_____

Parent/ Guardian/ Caregiver (if under 19 years of age):

Name_____ Relation_____

Address_____ Phone Number (____)_____

Availability – Please fill in the times you are available (start to finish)

Monday_____ Tuesday_____
Wednesday_____ Thursday_____
Friday_____ Saturday_____

Are you sometimes available on a short notice basis? ☐ Yes ☐ No

Which of the following areas are you interested in volunteering in?

☐ Leading a horse ☐ Side walking with rider ☐ Barn Work
☐ Horse Shows ☐ Braiding/ Grooming ☐ Ground Maintenance
☐ Office Work ☐ Fundraising Committee ☐ Special Events
☐ Carpentry ☐ Summer Camps

Volunteer Experience

Experience with people with disabilities:

☐ None ☐ Some, please state_____

Experience with horses:

☐ None ☐ Some, please state _____

Thank you for your interest in volunteering at PRDA. We hope you will enjoy the time you spend with us.

Health History (back or joint problems, recent surgeries, cardio, visual or auditory problems)

_____

_____

Date of last tetanus shot_____ (It is recommended that you consult your physician if you are not up to date)

Allergies_____

Medications _____

Emergency Medical Treatment – *please complete one of the following*

Volunteer's Authorization for Emergency Medical Treatment

In case of emergency, **I give permission to Pacific Riding for Developing Abilities to secure medical treatment** including X-Ray, surgery, hospitalization and medication.

Volunteer/ Parent/ Guardian Signature _____Date_____

Physician_____ Ph #(____)_____Care Card#_____

OR

Volunteer's Non-Consent for Emergency Medical Treatment

I do not give my consent to Pacific Riding for the Disabled Association to secure medical treatment in case of injury or illness. I wish the following procedures to take place.

_____

_____

Volunteer/ Parent/ Guardian Signature _____Date_____

Criminal record check? ☐ Yes, given Date Received_____

Photo Release

I do ☐ do not ☐ consent to and authorize the use and reproduction by Pacific Riding *for Devloping Abilities* of any and all photographs and any other audio-visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Date_____ Volunteer/Parent/Guardian Signature_____

Thank you for your interest in volunteering at PRDA. We hope you will enjoy the time you spend with us.