



# 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?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Leading a horse | <input type="checkbox"/> Side walking with rider | <input type="checkbox"/> Barn Work          |
| <input type="checkbox"/> Horse Shows     | <input type="checkbox"/> Braiding/ Grooming      | <input type="checkbox"/> Ground Maintenance |
| <input type="checkbox"/> Office Work     | <input type="checkbox"/> Fundraising Committee   | <input type="checkbox"/> Special Events     |
| <input type="checkbox"/> Carpentry       | <input type="checkbox"/> Summer Camps            |   |

### Volunteer Experience

Experience with people with disabilities:

None  Some, please state \_\_\_\_\_

Experience with horses:

None  Some, please state \_\_\_\_\_

**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 Developing 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 \_\_\_\_\_