



SARI Therapeutic Riding Volunteer Application Form

A. Personal Information (please print clearly)

Name: _____

Address: _____ City: _____

Postal Code: _____ E-mail address: _____

Phone: (h) _____ (c) _____ (w) _____

Do you have reliable transportation to and from SARI? Yes / No

Are you 14 years of age or older? Yes / No If not, when will you be turning 14? _____

How did you find out about SARI? _____

Please describe any allergies or medical conditions you have which you think we should know about:

B. Volunteer Opportunities

Please let us know the volunteer role(s) that interest you (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Therapeutic Riding Program (Horse Leader and/or Side Walker) | Special Events |
| <input type="checkbox"/> Grooming Program (Tues/Thurs 10:30-11:30am) | <input type="checkbox"/> Ride-A-Thon (Fall) |
| <input type="checkbox"/> Camp SARI (Horse Leader and/or Side Walker, Camp Buddy or Leader In Training) | <input type="checkbox"/> Bowling for Ponies (Winter) |
| <input type="checkbox"/> Exercise Rider <i>*must volunteer for 3 months before applying*</i> | <input type="checkbox"/> Grand Theatre (Spring) |
| <input type="checkbox"/> Instructor <i>*must volunteer for 3 months before applying*</i> | <input type="checkbox"/> Golf Tournament (Summer) |
| <input type="checkbox"/> Board of Directors | |

C. Program Volunteer Availability:

Please let us know when you are available (check all that apply):

- Fall Session** (October – December) **Spring Session** (March – June)
- Winter Session** (January – March) **Camp SARI** (July – August Monday-Friday 8:30am-4:30pm)

| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|---------------------------------------|---------------------------------------|---------------------------------------|--|--------------------------------------|--|
| <input type="checkbox"/> 4:15- 4:45pm | <input type="checkbox"/> 4:15- 4:45pm | <input type="checkbox"/> 1:40- 2:10pm | <input type="checkbox"/> 10:30-11:30am | <input type="checkbox"/> 4:30-5:00pm | <input type="checkbox"/> 8:30-9:00am |
| <input type="checkbox"/> 4:50-5:20pm | <input type="checkbox"/> 4:50-5:20pm | <input type="checkbox"/> 2:20-2:50pm | <input type="checkbox"/> 12:10-12:40pm | <input type="checkbox"/> 5:10-5:40pm | <input type="checkbox"/> 9:00-9:30am |
| <input type="checkbox"/> 5:30-6:00pm | <input type="checkbox"/> 5:30-6:00pm | <input type="checkbox"/> 3:00-3:30pm | <input type="checkbox"/> 12:50-1:20pm | <input type="checkbox"/> 5:50-6:20pm | <input type="checkbox"/> 9:40-10:10am |
| <input type="checkbox"/> 6:15-7:15pm | <input type="checkbox"/> 6:10-6:50pm | <input type="checkbox"/> 3:40-4:10pm | <input type="checkbox"/> 1:30-2:00pm | <input type="checkbox"/> 6:30-7:00pm | <input type="checkbox"/> 10:20-10:50am |
| <input type="checkbox"/> 7:20-7:50pm | <input type="checkbox"/> 7:00-7:30pm | <input type="checkbox"/> 4:20-4:50pm | <input type="checkbox"/> 3:10-3:40pm | <input type="checkbox"/> 7:10-8:10pm | <input type="checkbox"/> 11:40-12:10pm |
| <input type="checkbox"/> 8:00-8:30pm | <input type="checkbox"/> 7:40-8:10pm | <input type="checkbox"/> 5:00-5:30pm | <input type="checkbox"/> 4:30-5:00pm | | <input type="checkbox"/> 12:20-12:50pm |
| | | <input type="checkbox"/> 5:40-6:10pm | <input type="checkbox"/> 5:10-5:40pm | | <input type="checkbox"/> 1:00-1:30pm |
| | | <input type="checkbox"/> 6:15-6:45pm | <input type="checkbox"/> 5:50-6:20pm | | <input type="checkbox"/> 1:40-2:10pm |
| | | <input type="checkbox"/> 6:50-7:20pm | <input type="checkbox"/> 6:30-7:00pm | | <input type="checkbox"/> 2:20-2:50pm |
| | | <input type="checkbox"/> 7:30-8:30pm | <input type="checkbox"/> 7:10-7:30pm | | <input type="checkbox"/> 3:00-3:30pm |
| | | | | | <input type="checkbox"/> 3:40-4:10pm |

* Therapeutic riding lessons in the Fall, Spring and Winter program sessions take place from Monday to Saturday and run 30 minutes to 1 hour in length. Program volunteers are expected to arrive 30 minutes before the start of the lesson and stay 15 minutes after the lesson to groom, tack-up and un-tack the horses. For example, the estimated time commitment to volunteer in one 30 minute lesson would be approximately 1 hour and 15 minutes (not including personal travel time). Volunteers may sign up to volunteer in multiple lessons; however, scheduling is based on individual rider's volunteer needs.

D. Conditions of Volunteering:

SARI Program Volunteers are required to:

- be 14 years of age or older
- provide a current Police Records Check and Vulnerable Position Screening
(forms are available from the Coordinator of Volunteer Services at the SARI office)
- have reliable transportation to and from SARI
- attend a new volunteer training session
- abide by safety standards taught during the training session and ongoing instruction given by staff
- read and be familiar with all hints, safety tips and universal hygiene precautions
- Hold confidential all information with respect to all riders, staff and fellow volunteers and their information
- be available to volunteer on either a regular or fill in basis
- arrive 30 minutes before class to assist with grooming and tacking of the horses
- notify the office should you not be able to attend my volunteer shift well in advance
- be able walk and jog unaided across sand/loose dirt surfaces for up to 1 hour
- be highly attentive and responsive to your environment
- be able to work independently
- be able to follow written and verbal instructions

SARI decline an applicant if he/she is deemed unable to safely and independently perform the responsibilities and duties of a SARI volunteer.

E. Reference Checks:

Please provide two letters from individuals who have known you for more than two years, are 18 years of age or older and are not related to you. SARI Therapeutic riding staff will contact your references and all information received will be treated confidentially.

G. Signatures

Please sign below. You must be 14 years or older to volunteer at SARI.
Minors (under age 18) must also have a parent or guardian sign below.

*The information I have provided in this application form is true and accurate to the best of my knowledge.
I give my permission for SARI Therapeutic Riding to contact the reference provided.*

Applicant Signature _____ **Date:** _____

Parent/Guardian Signature _____ **Date:** _____

Please return completed form to:

SARI Therapeutic Riding
Attention: Coordinator of Volunteer Services
12659 Medway Road, RR 1
Arva, Ontario N0M 1C0

Phone: 519-666-1123
Fax: 519-666-1971
Email: volunteer@sari.ca
Website: www.sari.ca

SARI 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 SARI office at 666-1123.

| | | | |
|------------------------|------------------------------------|--------------------------------|-------------------------------------|
| Office Use Only | Application Received: _____ | Tour: _____ | Telephone Interview: _____ |
| | Reference Checks: _____ | Training Session: _____ | Police Check Received: _____ |



OATH OF CONFIDENTIALITY

I agree to hold in confidence all information pertaining to SARI Therapeutic Riding during my term of volunteering. I will not misuse or disseminate any confidential information.

I further understand unauthorized disclosure or a breach of confidential information relating to SARI could result in the immediate termination of my volunteer role and possible legal recourse against me.

Date:

Signature:

Witness:



Volunteer Release (Adult)

The undersigned, on behalf of self, heirs, executors, administrators and assigns, hereby acknowledge that the undersigned adult is voluntarily participating in the SARI Therapeutic Riding program and activities connected therewith at the undersigned's sole risk and the undersigned hereby exonerates and releases SARI Therapeutic Riding, its officers, trustees, agents, employees, representatives, successors and assigns from all responsibility for any injury or claim which may arise as a result of the participation of the undersigned in the programs offered by SARI Therapeutic Riding.

PHOTO RELEASE: (circle one) **I Do** **I Do Not** consent to and authorize the use and reproduction by SARI 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.

VOLUNTEER'S EMERGENCY MEDICAL TREATMENT:

In case of emergency, I do give permission to SARI Therapeutic Riding to secure medical treatment including X-ray, surgery, hospitalization and/or medication.

DATED AT _____ **ON** _____
city date

SIGNATURE: _____

NAME IN PRINT OR TYPE: _____
please print or type

SIGNATURE OF WITNESS: _____

WITNESS NAME IN PRINT OR TYPE: _____
please print or type

SARI Volunteer Reference Check Questionnaire

Reference: #1

Date:

Name of Applicant:

Phone (Reference):

Name of Reference:

Email (Reference):

The above applicant has applied to be a volunteer with SARI Therapeutic Riding as a horse leader and has offered you as a reference. We would like to ask you a few background questions. Please use the back if you need more space to write.

How long have you known the applicant and in what capacity?

What can you tell us about the applicant's experience in the area of horses?

Our program provides therapeutic riding lessons for adults and children with special needs. **What can you tell us about the applicant's experience with people with special needs.**

In your opinion, what qualities or experience does the applicant have that would make him/her a good SARI volunteer?

Would you have any concerns about giving this volunteer applicant responsibility for the safety of a physically or cognitively challenged rider?

Would you recommend this applicant to our organization?

Additional remarks/comments:

SARI Volunteer Reference Check Questionnaire

Reference: #2

Date:

Name of Applicant:

Phone (Reference):

Name of Reference:

Email (Reference):

The above applicant has applied to be a volunteer with SARI Therapeutic Riding as a horse leader and has offered you as a reference. We would like to ask you a few background questions. Please use the back if you need more space to write.

| |
|---|
| How long have you known the applicant and in what capacity? |
|---|

| |
|---|
| What can you tell us about the applicant's experience in the area of horses? |
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| |
|--|
| Our program provides therapeutic riding lessons for adults and children with special needs. What can you tell us about the applicant's experience with people with special needs. |
|--|

| |
|--|
| In your opinion, what qualities or experience does the applicant have that would make him/her a good SARI volunteer? |
|--|

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|--|
| Would you have any concerns about giving this volunteer applicant responsibility for the safety of a physically or cognitively challenged rider? |
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|---|
| Would you recommend this applicant to our organization? |
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|------------------------------|
| Additional remarks/comments: |
|------------------------------|



Volunteer Emergency Contact Information

Please describe any allergies, physical limitations or medical conditions you have which you think we should know about: _____

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) _____



Volunteer Emergency Contact Information

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Please let us know the name of someone we can reach on your behalf, in case of emergency:

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