



SARI Therapeutic Riding Volunteer Application Form

A. Personal Information (please print clearly)

Name: _____

Address: _____ City: _____

Postal Code: _____ E-mail address: _____

Phone: (1) _____ (2) _____

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):

- Therapeutic Riding & Grooming Program (Horse Leader and/or Side Walker)
- Special Events
- Camp SARI
- Exercise Rider **must volunteer for 3 months before applying**
- Instructor **must volunteer for 3 months before applying**
- Little Britches (1 Sunday a month, camp like games and pony rides)

C. Program Volunteer Availability:

Please indicate your availability to fill the following shifts below (circle all that apply):

TEAM	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
A	2:30-5:00pm	2:30-4:45pm	1:15-3:00pm	11:15am-1:30pm	2:15-4:30pm	8:30-10:30am
B	4:45-7:00pm	4:45-7:00pm	2:45-5:00pm	1:15-3:15pm	4:15-6:30pm	10:15am-12:15pm
C	6:45-8:45pm	6:45-8:30pm	4:45-7:00pm	3:00-5:15pm	6:15-8:30pm	12:00-2:15pm
D			6:45-9:00pm	5:00-7:15pm		2:00-4:30pm
E				7:00-8:45pm		

D. Volunteering:

SARI Program Volunteers are required to:

- Be 14 years of age or older
- Provide a current Police Records Check and Vulnerable Position Screening (SARI will reimburse the \$15 fee. A letter is provided at the orientation to provide to Police services indicating a volunteer position)
- 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 safety precautions
- Hold confidential all information with respect to riders, staff and fellow volunteers
- Be available to volunteer on either a regular or fill in basis
- Arrive 20 minutes before class to assist with grooming and tacking of the horses
- Notify the office well in advance should you not be able to attend your volunteer shift
- Be highly attentive and responsive to your environment
- Be able to work independently
- Be able to follow written and verbal instructions

E. Reference Checks:

Please provide one letter (or reference form) from an individual who has known you for more than two years, is 18 years of age or older and is not related to you. SARI Therapeutic Riding staff may contact your references. 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 bring your completed application form to the orientation training.
(email volunteer@sari.ca for details on the next training date)

For all volunteer inquiries:

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

Phone: 519-666-1123
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 519-666-1123.

Office Use Only

Application Received: _____ Police Check Received: _____

Reference Checks: _____ Training Session: _____



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 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) _____

SARI THERAPEUTIC RIDING - INFORMED WAIVER AND CONSENT

THIS FORM MUST BE READ AND SIGNED BY EVERY PARTICIPANT, VOLUNTEER AND GUARDIAN WHO WISHES TO PARTICIPATE IN A PROGRAM OR EQUESTRIAN EVENT OF SARI THERAPEUTIC RIDING.

PROGRAM PARTICIPANT VOLUNTEER EVENT PARTICIPANT OTHER

ELEMENT OF RISK

Horseback riding and other activities involving being in close proximity to horses involve an element of risk. Injuries may occur while participating in activities while riding, handling or being in close proximity to a horse. The following list includes, but is not limited to, examples of the types of injury which may result from participating at SARI Therapeutic Riding:

Fall from horse

Bite from horse

Kick from horse

Stepped on by horse

The risk of sustaining these types of injuries result from the nature of the activity and can occur without any fault of either the participating individual (volunteer or fee-paying participant), SARI Therapeutic Riding, its' employees/agents or the facility where the activity is taking place. By choosing to take part in this activity, you are accepting the risk that you/your dependent may be injured.

The chance of an injury occurring can be reduced by carefully following instructions at all times while engaged in the activity.

If you choose to participate or choose to have your dependent participate, you must understand that you bear the responsibility for any injury that may occur. SARI Therapeutic Riding does not provide accidental death, disability, dismemberment or medical expense insurance on behalf of the participants or volunteers participating in their programs.

In exchange for myself or my child being permitted to participate in these activities, hereby assume all risk for myself, my child, all heirs, guardians and legal representatives. I hereby release and agree not to make any claims of any kind against SARI Therapeutic Riding, its officers, directors, members, employees, volunteers, guests and any land owners, land holders or other persons making property available to SARI Therapeutic Riding, their successors and assigns for any injury, including death, to myself or to my child or any damage to my property, whether from anyone's negligence or not, or any other cause arising out of my or my child's participation in these dangerous horseback riding or related activities.

ACKNOWLEDGEMENT

I HEREBY DECLARE THAT AM OF LEGAL AGE AND I HAVE READ AND FULLY UNDERSTAND AND AGREE TO THE TERMS AND CONDITIONS STATED HEREIN AND THAT IT IS BINDING ON MY EXECUTORS, HEIRS AND ASSIGNS. UNDERSTAND THAT IN PARTICIPATING IN A SARI EQUESTRIAN PROGRAM OR EVENT, AM ASSUMING THE RISKS ASSOCIATED WITH DOING SO.

Printed Name of Volunteer/Participant: _____ Date: _____

Signature of Volunteer/Participant: _____ Date: _____

Signature of Witness: _____ Date: _____

PERMISSION (If Under 18 years)

I give (name of participant or volunteer) _____ permission to participate in the SARI Therapeutic Riding Program or equestrian event.

Signature of Parent/Guardian: _____ Date: _____

Signature of Witness: _____ Date: _____