



Volunteer Application Form

Opening Gaits Therapeutic Riding Society of Calgary

Mailing Address: P.O. Box 76062 Millrise RPO SW, Calgary, AB T2Y 2Z9

Classes are Held at: High Country Equestrian Center, 240024 Range Road 42, Calgary, AB, T3Z 2X3

Telephone/Text or Leave a Message: 403-254-4184

Please Print

Full Name: _____

Contact Phone Numbers: Home# _____ Cell# _____

Full Mailing Address: _____

Email address: _____

DOB (Under 18 years of age only) _____

Please Indicate Areas You Wish To Volunteer:

- | | | |
|----------------------------|-----------------------|-----------------------------|
| _____ Grooming and Tacking | _____ Leading a Horse | _____ Side Walker |
| _____ Greeter | _____ Fund Raising | _____ Volunteer Recruitment |

Relevant Experience: _____

Please Indicate preferred Session:

Session Dates: Sept – Oct 2016 _____ Nov – Dec 2016 _____ Jan – Feb 2017 _____ Mar – Apr 2017 _____

Please Indicate preferred Class and Time:

- Monday: 5:00 – 7:00pm _____ 7:15 - 8:30pm _____
- Friday: * 9:00 – 11:30am _____ 11:30 - 12:30pm _____ 1.30pm – 2:30 pm _____ **NEW** 3.00 – 4.30pm _____
- Saturday:* 9.00 - 11.00 am _____ 11.00 - 11:15am _____ **NEW** 3.00 – 4.30pm _____
- * Light lunch served to our volunteers*

Emergency Contact

Name: _____ Phone Number: _____

Physician: _____ Physician Phone Number: _____

Known Medical Conditions or Allergies: _____

Signature or parent/guardian for individuals under 18

Date



Media Release Form

From time to time, Opening Gaits or the media may take photographs, video, or film of you and/or your participant, which may be used in, but not limited to displays, brochures, newspapers, magazines, television, and/or website. Your participant will not be denied access to the program if this section is not signed.

I, _____ (parent/guardian) hereby consent to and authorize the use and reproduction, by Opening Gaits Therapeutic Riding Society of Calgary, of any and all photographs and any other audio visual materials taken of me, my son, my daughter, or my ward for promotional printed material or for any other use for the benefit of the program.

Signature: _____ Date: _____

Volunteer Liability Release

As a volunteer of Opening Gaits Therapeutic Riding Society of Calgary, I acknowledge the risks and potential for risks of a therapeutic horseback riding program. However, I feel that the possible benefits to the participants I work with and myself are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Opening Gaits Therapeutic Riding Society of Calgary, its board of directors, instructors, therapists, volunteers, and/or employee/contractors for any and all injuries and/losses I may sustain while participating in the therapeutic riding program, or any activities of the aforementioned society.

Signature of volunteer

Date

Signature of parent/guardian for individuals under 18

Date

Volunteer Standards of Confidentiality

I, _____ recognize that my role as a volunteer with Opening Gaits Therapeutic Riding Society of Calgary will entitle me to certain information about riders and Opening Gaits Therapeutic Riding Society of Calgary which is confidential. All information given to me by a parent/instructor/care giver/etc. in relation to a rider or Opening Gaits Therapeutic Riding Society of Calgary will be discussed only with personnel of Opening Gaits Therapeutic Riding Society of Calgary. At no time will I discuss any information about riders with other parents or any other individuals. I recognize that all materials and papers pertaining to the rider's care are legal documents, and that all information contained therein is confidential.

Signature

Date

Witness

Date

Thank you for your commitment to volunteer at Opening Gaits. The riders, families/guardians, instructors and the board of directors appreciate your involvement in the program.



Volunteer Responsibilities

Dear Volunteers,

What is expected when you volunteer with Opening Gaits:

- Be reliable and punctual
- Be trustworthy
- Respect confidentiality
- Respect the rights of people you volunteer with
- Have a non-judgmental approach
- Carry out the specified job description
- Give feedback (i.e. participate in evaluations when asked)
- Be accountable and accept feedback
- Be committed to the program
- Avoid overextending yourself
- Acknowledge decisions made by the organization
- Address areas of conflict with the appropriate staff member or volunteer coordinator
- Undertake training
- Ask for support when it is needed
- Stay safe on the job; for example, make sure that you are never alone with a student

By accepting these responsibilities you are ensuring all our students will have the necessary number of side walkers and leaders and they will be able to ride in their scheduled classes safely.

We would like to stress that it is okay if you can't attend a class but we do need to know in advance because the more notice you give the easier it is to find another volunteer to fill your spot.

If you are not able to volunteer please give our phone number a call or text ([403-254-4184](tel:403-254-4184))

We thank you for dedicating your time to Opening Gaits without you we couldn't successfully run our program.

Thank you for your understanding,

Opening Gaits Board of Directors