

Volunteer Application Form
Opening Gaits Therapeutic Riding Society
P.O. Box 76062 Millrise RPO SW
Calgary, Alberta
T2Y 2Z9
Telephone: 403-254-4184



Please Print clearly!

Full Name: _____

Phone Number: _____ Email _____

Full Mailing Address: _____

******* We use INSTATEAM to communicate with all volunteers, you will need the APP downloaded and our team code is LETGGN this is our main form of communication and volunteer sign up*******

Which areas are you interested in volunteering in? Please check all that apply.

_____ Grooming and Tacking _____ Leading a Horse _____ Side Walker _____ Casino vol _____ Board member
_____ Poop picker/maintenance _____ Fund Raising _____ Volunteer Recruitment _____ Instructing

Other: _____

Relevant Experience: _____

Please bear in mind safety is our first priority and we may do things differently to what you are used to!

Barn is at 4 DeWinton Ridge Rd, De Winton. *Please Drive less than 20kmhr on property, no smoking and no dogs allowed. Please park with the other vehicles on the east side of the arena to leave room for clients parking.*

Please Indicate Times Available:

Tuesdays: 1.30pm - 5.00pm _____ Weds: 2.30pm - 7.00pm _____

Friday: 8.45am - 3.30pm _____ Sat: 8.45am - 12.30pm _____ Sat 12.00pm -4.30pm _____

Emergency Contact

Name: _____

Phone Number: _____ Alternate Phone Number: _____

Known Medical Conditions or Allergies: _____

Signature

Date

Signature of parent/guardian for individuals under 18

Date



OPENING GAITS
THERAPEUTIC RIDING SOCIETY

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 websites. 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/caregiver/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

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, we walk for around an hour a lesson**
- 👉 Acknowledge decisions made by the organization**
- 👉 Address areas of conflict with Samantha or our volunteer coordinator Shirley**
- 👉 Undertake training & ask for support when it is needed**
- 👉 Stay safe on the job; e.g, make sure that you are never alone with a student**

By accepting these responsibilities, you are ensuring that 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 use INSTATEAM to communicate classes and volunteer sign up, please “set your attendance” as far in advance as you can so we can be aware of numbers for classes to run properly. It is our volunteers that make the magic happen!

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. Please update status on INSTATEAM and if you are not able to volunteer, please call or text Samantha (403-254-4184) or Shirley (825) 712-5433

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 Operations Manager, Volunteer Coordinator & Board of Directors



OPENING GAITS
THERAPEUTIC RIDING SOCIETY

**Opening Gaits Therapeutic Riding Society of Calgary PO Box 76062, Millrise RPO.
Calgary, Alberta, T2Y 2Z9**

Dear: _____ DATE: _____

We would like to thank you for signing up to volunteer and let you know how much Opening Gaits values the time you spend at the arena, with our horses and riders.

Opening Gaits Therapeutic Riding Association of Calgary will be requiring all volunteers undergo a Police Information Check as well as a Vulnerable Sector check performed by an agency. If you have a current PIC/VSC please forward. (valid for 5 years)

In order to show due diligence in this regard, we ask our volunteers to call their nearest detachment in their jurisdiction before arriving, as each jurisdiction has its own protocol to follow.

Please take this letter to your local detachment. Upon completion of the checks, we ask you to return the Police Information and Vulnerable Sector checks to me, with a receipt, and Opening Gaits will reimburse your fee

We request and encourage you to obtain these record checks as soon as possible, given this check can take up to three weeks to complete.

Thank you for your cooperation in this matter.

Samantha Lethbridge

Operations Manager

Opening Gaits Therapeutic Riding Society of Calgary

(403) 254-4184 openinggaitssociety@gmail.com