

# Pride Stables - Volunteer Information Form

Today's Date: \_\_\_\_\_ Birthdate Year: \_\_\_\_\_ Day: \_\_\_\_\_ Month: \_\_\_\_\_

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Primary phone (*circle one: cell/home/work*) \_\_\_\_\_

Secondary phone (*circle one: cell/home/work*) \_\_\_\_\_

**Emergency Contact** Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Prior horse experience: \_\_\_\_\_

Prior experience helping people with disabilities: \_\_\_\_\_

How did you find out about Pride Stables? \_\_\_\_\_

**Please check areas of interest:**  Horse Leader/Side Walker  Special Events  Fundraising

**Availability:**

Days \_\_\_\_\_ Times \_\_\_\_\_

**Are you available to fill in on short notice if we are short on volunteers?**

Yes, please add me to your "911" list

911 availability:  daytime  evenings  Saturdays Notes: \_\_\_\_\_

*(e.g. "only after 12pm"/ "no Mondays")*

**Volunteer Release and Authorization**

**The undersigned is agreed:** To participate in the therapeutic horseback riding program of the Central Ontario Developmental Riding Program as a volunteer, and remises, releases and forever discharges the CENTRAL ONTARIO DEVELOPMENTAL RIDING PROGRAM and its organizers, instructors, agents, servants, and owners of any property where the activities are carried out from all claims, demands, damages, actions, arising out of the participation in the program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(parent/guardian signature required if under 18 years of age)*

