

Pride Stables - Volunteer Information Form

Today's Date: _____ Birthdate Year: _____ Day: _____ Month: _____

Name: _____

Email: _____

Address: _____

City: _____ Postal Code: _____

Primary phone (Cell Home Work): _____

Secondary phone (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
General 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: _____

(Participant if 18+ -OR- parent/guardian must sign if volunteer is under 18)

