



MANITOBA RIDING FOR THE DISABLED ASSOCIATION INC.

VOLUNTEER INFORMATION SHEET- please print clearly

Name: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Phone No. (H) _____ (C) _____ (W) _____

Birthdate (d/m/y): _____ Gender: Male or Female Height: _____

Email: _____

Occupation: _____

Do you have any medical training? (i.e. CPR, First Aide):

How much *direct hands on* horse experience have you had in the last 4 years?

Have you done other volunteer work? (Please explain):

Have you ever worked with a person with a disability? (Circle) YES or NO

What weeknight would you prefer to volunteer? (circle date & time)
Monday or Wednesday 6:15pm or 7:30pm

Are you available to "spare" on other evenings? (circle date & time)
Monday 6:15pm or 7:30pm / Wednesday 6:15pm or 7:30pm

What position would you prefer? (Circle) **LEADER - SIDEWALKER – BARN HELPER**

Leader – Should have horse experience. The leaders have direct contact with the horses. They are responsible for grooming, tacking, leading, and controlling the horse to ensure a safe, enjoyable experience for the rider. Leaders are required to arrive at least 25 minutes before class.

Sidewalker – The sidewalkers have direct contact with the riders. They are responsible for giving the appropriate amount of support, both physical and in the form of encouragement to a rider to ensure a safe, enjoyable, and positive experience. You must be able to have your arm at shoulder height for a period of time during class without discomfort.

Volunteers need to be physically able to walk/jog for approximately 60 minutes (with some stops along the way) in an indoor or outdoor arena.

Are you interested in assisting with other volunteer opportunities? (ie. fundraising, other)

Do you have any allergies or medical condition that may prevent you from volunteering in this program?

Emergency Contact (Name) _____

Phone No. _____ Cell: _____



Volunteer Agreement with Manitoba Riding for the Disabled Association Inc. (MRDA)

- I recognize that my role as volunteer with the MRDA will entitle me to certain information about the riders which must be treated as confidential. All information given to me by a parent / instructor / therapist/ Board member/ rider in relation to a rider will be discussed only with the personnel of the MRDA. At no time will I discuss any information about riders with other parents or any other individuals. I recognize that all material and papers pertaining to the rider's care are legal documents, and that all information contained therein is confidential.
- I hereby grant permission to MRDA to take, or have taken, still and or moving photographs or films including television pictures of me and consent or authorize MRDA, its advertising agencies, news media and any other persons interested in said Association and its work, to use and reproduce the photographs, films and or pictures to circulate and publicize other same by all means including, without limiting the generality of the foregoing, newspapers, website, TV & social media, brochures, pamphlets, instruction materials, books and clinical material.
- In consideration of being allowed onto the premises/facilities of West Wind Stables and participating under the programs operated by MRDA and working with horses owned by West Wind Stables, I hereby waive and release all liability whatsoever with respect to any personal injury/and or death suffered by me or any member of my family and or any loss of personal property which I may suffer or incur while on the premise, however occasioned, while participating in MRDA programs.
- In case of an emergency the undersigned authorizes MRDA to provide such medical assistance as they determine to be necessary.

Print Applicant Name: _____

Signature of Applicant: _____

Date: _____

Print Parent or Guardian Name: _____

Signature of Parent or Guardian: _____

Date: _____

(Parent or Guardian, only if applicant is under 18 years of age)

OFFICE USE:

Print Witness Name: _____

Signature of Witness: _____

Date: _____

Completed forms may be mailed to the office:
145 Pacific Ave, Winnipeg, Mb R3B 2Z6
or brought to the orientation session

