



Manitoba Riding for the Disabled Association Inc.

145 Pacific Ave. Winnipeg, Mb R3B 2Z6

Information Sheet for Volunteers

Manitoba Riding for the Disabled Association (MRDA) provides therapeutic horseback riding to disabled children ages 5 to 15.

Volunteers assist in the classes by leading a horse or sidewalking. Help is also needed in the barn to brush and take horses. The minimum age to volunteer as a leader or side walker is 14 years. There are some opportunities for 12-13 year olds with horse experience to help in the barn.

Class Times:

Each class is an hour long and there are six riders per class. Each hour and night has a different rider.

Class times per night:
6:15pm & 7:30pm.

Dates for the 2018 Spring Session:

Monday Classes: **Start** Monday- April 2nd
 End Monday- June 11th
 No riding on May 21st

Wednesday Classes: **Start** Wednesday- April 4th
 End Wednesday- June 6th

Requirements

A ten week commitment, a comfort level around horses and children with disabilities. Volunteers need to be able to walk for approximately 60 minutes (with some stops along the way) in an indoor arena or at times outdoors.

- Complete a volunteer application form and mail it to the address below or bring it to the orientation night.

Manitoba Riding for the Disabled Association
145 Pacific Ave
Winnipeg, MB R3B 2Z6

- Attend the orientation session on:

Monday, March 19, 2018
West Wind Stables (see page 4)
6:30pm to 8:30pm.

Anyone interested in leading will be asked to attend a "Leading Session". (must attend on March 19th- first)

Wednesday, March 21, 2018
West Wind Stables (see page 4)
6:30pm to 8:30pm.

**Proper clothing and foot attire to be worn around horses and dress etc.
(No shorts or sandals)**

****Attendance is required at the orientation to volunteer in the program****

- Please bring to the orientation two pieces of I.D. to complete a Child Abuse Registry Check. (Drivers License, Social Insurance, Health Card etc.) There is no cost to you. If you have already filled one out with a previous organization- MRDA still requires you to fill out a form with us.



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

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, social media TV 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 ONLY

Print Witness Name: _____

Signature of Witness: _____

Date: _____

