



VALLEY THERAPEUTIC EQUESTRIAN ASSOCIATION

Volunteer Information Form

Name: _____

Address: _____

City/Postal Code: _____

E-Mail Address: _____

Phone Number: _____ Alternate Phone Number: _____

Date of Birth: _____

How did you learn about volunteering with VTEA e.g. friend, newspaper ad, ect?

VTEA requires a minimum of a 2 hour commitment on consistent day(s) in order to effectively provide lessons.

Please indicate which day(s) and time(s) you would be available.

Times	Tuesday	Wednesday	Thursday	Friday	Saturday
All Day					
10:00 - 10:30					
10:30 - 11:00					
11:00 - 11:30					
11:30 - 12:00					
12:00 - 1:00	Lunch Break				
1:00 - 1:30					
1:30 - 2:00					
2:00-2:30					
2:30 - 3:00	Break				
3:00 - 3:30					
3:30 - 4:00					
4:00 - 4:30					
4:30 - 5:00					

Do you have experience with:

- horses? _____
- people with special needs? _____

Are you interested in volunteer work besides working in the arena e.g. fundraising, barn maintenance ect?

Medical Information:

When was your last Tetanus Shot? _____

Do you have any physical limitations or health issues that VTEA should be aware of such as back/joint problems, recent surgeries? _____

Do you have any allergies or are you on any medications that VTEA should be aware of?

Volunteer/Parent/Guardian Signature: _____ Date: _____

Witness: _____ Date: _____



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Volunteer Liability Release:

As a volunteer with Valley Therapeutic Equestrian Association located at 3330 – 256th Street, Aldergrove, I acknowledge that risks and potential for risks of a horseback riding program and the incidental use of horses by me. However, I feel that the possible benefits to me and the clients I work with are greater than the risk assumed. I hereby, intending to legally bound, for myself, my heirs and assigns, executors or administrators waive and release forever, all claims for damages against Valley Therapeutic Riding Association, it's Board of Directors, Instructors, Therapists, Volunteers and/or Employees and the Landlord, being the owner of the property at 3330 – 256th Street Aldergrove, BC for any and all injuries and/or losses I may sustain while using horses and participating in the therapeutic riding program of Valley Therapeutic Equestrian Association.

Volunteer/Parent/Guardian Signature: _____ Date: _____

Photo Release:

I consent to authorize the use and reproduction by Valley Therapeutic Equestrian Association of any and all photographs and any other audiovisual materials taken of me for promotional material, educational activities, and exhibitions or for any other use for the benefit of the program.

Volunteer/Parent/Guardian Signature: _____ Date: _____

Standards of Confidentiality:

I recognize that my as volunteer with Valley Therapeutic Equestrian Association will entitle me to certain information about riders which should be treated as confidential. All information given to me by a parent/instructor/rider in relation to a rider will be discussed only with the personnel of Valley Therapeutic Equestrian Association.

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.

Volunteer/Parent/Guardian Signature: _____ Date: _____

Medical Release:

In case of an emergency, I give permission to Valley Therapeutic Equestrian Association to secure including x-rays, surgery, hospitalization and medications for me.

Volunteer/Parent/Guardian Signature: _____ Date: _____

Emergency Contact Information:

Emergency Contact: _____ Phone Number: _____

Relationship: _____

I have read and understood all the information contained in the Valley Therapeutic Equestrian Association Volunteer Information Form. I agree to abide by all the policies and procedures observed by Valley Therapeutic Equestrian centre while I am a Volunteer.

Volunteer/Parent/Guardian Signature: _____ Date: _____

Witness: _____ Date: _____

Office Use Only	
Date Ceased to Volunteers: _____	Reason: _____
Return Date: _____	Inputted by: _____