



Orientation  
March 14 5:30  
@ Agriplex

PRINCE GEORGE  
THERAPEUTIC RIDING ASSOCIATION

1133 Goose Country Road  
Prince George B.C. V2K 5S6

## VOLUNTEER REGISTRATION PACKAGE

### **About PGTRA**

Founded in 1991, Prince George Therapeutic Riding Association (PGTRA) is a non-profit organization dedicated to providing individuals with disabilities the opportunity to experience the many benefits of therapeutic horseback riding.

### **Volunteer Training**

To ensure a safe environment and enjoyable experience for both clients and volunteers, new and returning volunteers will be required to attend training/orientation sessions to be held before the beginning of each session. Opportunities for further training will be provided throughout the riding season.

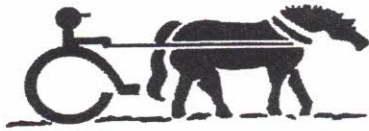
### **Volunteer Registration Instructions:**

Please fully complete and return the Volunteer Application to PGTRA.

Ensure that the Liability Release and the Standards of Confidentiality forms are signed and dated.

If the applicant is a minor, ensure a Parent or Guardian has read and signed all the necessary documentation.

*\*\*\*For the safety of clients a criminal record check must be completed and returned to the Volunteer Coordinator. A letter of introduction for the criminal record check is attached to the registration package.\*\*\**



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## VOLUNTEER APPLICATION

### General Information:

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Age: \_\_\_\_\_

*If 15- 18 years of age, please provide:*

Parent/Legal Guardian name: \_\_\_\_\_

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

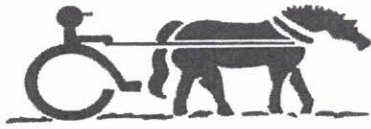
We currently ride Tuesdays 3:30-7:30 and Thursdays 4:00-7:30 but to assist with future scheduling please indicate below if there are other days and times that you would be available to volunteer (shifts will be two hours in duration):

Monday: \_\_\_\_\_ Tuesday: \_\_\_\_\_ Wednesday: \_\_\_\_\_ Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_ Saturday: \_\_\_\_\_ Sunday: \_\_\_\_\_

Are you sometimes available at short notice (please circle)? Yes No

Are you available for Special Events on weekends (please circle)? Yes No



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Area of Interest (Please circle):

Side Walker (no horse experience necessary)    Leader (horse experience required)    Horse care

Certified Instructor    Fundraising    Website    Facebook    Other (specify): \_\_\_\_\_

\_\_\_\_\_

Do you have any professional qualifications (first aide, PT, OT, AI, etc.) that would help in our program?

If yes, please specify:

\_\_\_\_\_

\_\_\_\_\_

**Health & Emergency Information:**

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

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

Do you have any medical conditions or allergies that we should be aware of?

\_\_\_\_\_

**Volunteer's Consent for Emergency Medical Treatment**

*In case of an emergency illness or injury, I give permission to the Prince George Therapeutic Riding Association to secure medical treatment as deemed necessary by medical staff.*

Volunteer/Parent/Guardian Signature: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Care Card # \_\_\_\_\_



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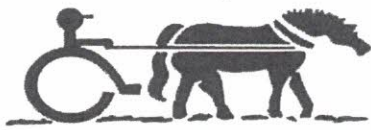
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## LIABILITY RELEASE

As a volunteer with the Prince George Therapeutic Riding Association at Exhibition Park, I acknowledge the risks and potential for risks of a horseback riding program. However, I feel the possible benefits to myself and the clients I work with are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against the Prince George Therapeutic Riding Association, its Board of Directors, instructors, therapists, volunteers and/or employees, and Exhibition Park for any and all injuries and/or losses I may sustain while participating in the program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**STANDARDS OF CONFIDENTIALITY**

I, \_\_\_\_\_, recognize that my role as a volunteer with the Prince George Therapeutic Riding Association will entitle me to certain information about riders which should be treated as confidential. All information given to me by a parent/guardian/instructor/rider in relation to a rider will be discussed only with personnel of the Prince George Therapeutic Riding 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 is confidential.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PHOTO RELEASE**

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date