

Therapeutic Ride Algoma Volunteer Application

Volunteer Contact Information:

Name: _____ Date: _____

Address: _____

Home Phone: _____ Cell Phone: _____ email: _____

Place of Employment (or school): _____

Field of Employment: _____

Age: *circle one* [15 – 18] [19 – 25] [26 - 35] [36 - 49] [50 – 65] [Over 65]

If under 18 years old, please provide parent or legal guardian information:

Name: _____

Address: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

How did you hear about the TRA Program? _____

HOW DO YOU WISH TO VOLUNTEER YOUR TIME? (please check all that apply)

Therapeutic Riding Lessons: Horse Handler___ Grooming/Tack___ Barn Chores___

Property Maintenance: Painting___ Yard Work___ Carpentry___ Gardening___

Fundraising: Golf Tournament___ Special Events___ Public Relations___ Other___

Technical: Social Media___ Photography___ Website___ Administrative___

Board Member: Director___ Treasurer___ Secretary___ Other___

Availability: Morning___ Afternoon___ Evening___ Weekends___ All___

BACKGROUND INFORMATION: Please provide a brief description of your experience in the following areas:

Horse-related activities: _____

People with disabilities: _____

Volunteer Experience: _____

Other experience you feel might be of use i.e. marketing, fundraising, special events, photography, graphic design, book-keeping: _____

First Aid/CPR or other Certifications: _____

What do you believe would be your greatest contribution to our volunteer program?

What do you hope to gain from your experience volunteering with Therapeutic Ride Algoma? _____

Are you physically able to walk over uneven ground for an hour with short periods of jogging? (Requirement for sidewalking & horse handling) YES NO

Are you able to hold your arm above shoulder height and support a modest weight, given a chance to change sides? (Requirement for sidewalking) YES NO

Do you feel safe and comfortable with horses? (You do not need to have horse experience, but it is important to feel comfortable and safe with them to work in the ring during lessons) YES NO

Additional Comments: _____

Thank you for applying to become a volunteer with our Program!

Committing to 20 hours per year entitles you to a full membership to TRA, giving you voting rights at the Annual General Meeting. Would you like to become a member upon completion of the 20 hrs? (*please circle*) **YES** or **NO**