



Timmins Therapeutic Riding Association

Equine Assisted Therapy for Health & Wellness

1625 Mahoney Road, Timmins ON P4R 0H5

Phone: 705-268-5994

www.ttra.ca

Serving our community since 1987

**Volunteer Application – Please note
that minimum age for volunteers is 16.**



Name: _____

Address: _____

City: _____ Postal Code: _____

Phone (Home): _____ (Cell): _____

Emergency Contact: _____ (Phone:) _____

Email: _____

Experience with horses? Yes No

Experience with persons with disabilities? Yes No

When are you available? Morning _____ Afternoon _____ Evening _____

Do you have any disabilities that may affect your ability to work as a volunteer?

Yes No

If yes, please explain:

There are times when barn and grounds cleanup is needed before or prior to programs or special events. Please advise us if you are NOT comfortable with the following:

Grounds Cleanup Barn Cleanup Grooming Horses Tacking Up

If you would prefer to volunteer in one specific area such as Special Events, Grooming, Mini Program, Side Walker or Leader in Riding Program, Bingo please specify:

References:

1. _____

2. _____

Date: _____ Signature: _____

LIABILITY RELEASE for all Riding/Driving/Mini Programs

As a volunteer with the Timmins Therapeutic Riding Association at Rainbow Stables, I acknowledge the risks and potential for risks of a horseback riding program. 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 be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever, all claims for damages against the Timmins Therapeutic Riding Association, its Board of Directors, Instructors, Therapists, Volunteers and/or Employees and Rainbow Stables for any and all injuries and/or losses I may sustain while participating in the programs of Timmins Therapeutic Riding Association.

Date: _____ Signature: _____

Witness: _____ Signature: _____

(Parent or Guardian if under 18 years)

PHOTO RELEASE

I consent to authorize the use and reproduction by the Timmins 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 use for the benefits of the program.

Witness: _____ Signature: _____

(Parent or Guardian if under 18 years)

VOLUNTEER STANDARDS OF CONFIDENTIALITY

I, _____ recognize that my role as a volunteer with the Timmins 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/instructor/rider in relation to a rider will be discussed only with the personnel of the Timmins 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's care are legal documents, and that all information contained therein is confidential.

Date: _____ Signature: _____

As parent/guardian of _____, a volunteer of the Timmins Therapeutic Riding Association, I have discussed the above issue of confidentiality with him/her.

Date: _____ Signature: _____