

Volunteer Information Form

Personal Data

Today's Date: _____ Your Birth Date: _____

Name: _____

Address: _____

City: _____ Postal Code: _____

Phone (home) _____ (business) _____

Cell Phone _____ Email _____

Emergency Information

Name: _____ Relationship: _____ Ph: _____

Do you have any medical restrictions, health issues or allergies that may affect your volunteering tasks? If yes, please provide details.

Date I Participated in Volunteer Training _____

Experience

List previous volunteer experience _____

List any previous horse experience _____

How did you find out about Pride Stables? _____

Availability

Days _____ Times _____

Volunteer Release and Authorization

The undersigned is agreed:

To participate in the therapeutic horseback riding program of the Central Ontario Developmental Riding Program as a volunteer, and remises, releases and forever discharges the CENTRAL ONTARIO DEVELOPMENTAL RIDING PROGRAM and its organizers, instructors, agents, servants, and owners of any property where the activities are carried out from all claims, demands, damages, actions, arising out of the participation in the program.

Signature: _____ Date: _____

(Parent's signature required if under 18 years of age)

Office Use Only