



VOLUNTEER APPLICATION

Hope Haven Therapeutic Riding and Wellness Centre

General Contact & Emergency Information

Name

First Name Last Name

Date of Birth

Home Phone Number

Area Phone Number
Code

Cell Phone Number

Area Phone Number
Code

Email

example@example.com

Address

Street Address

Street Address Line 2

City Province

Postal Code

Emergency Contact

First Name Last Name

Emergency Phone

Area Phone Number
Code

Emergency Email

example@example.com

Please specify and allergies, medications or medical diagnoses that may be important in an emergency situation. (e.g. Diabetes, Epipen, Seizure disorder, history of heart condition, etc)

Learning More About You

How did you learn about Hope Haven?

Friend or family member

Social media

Advertisement

Community presentation or trade show

Other - please explain:

What volunteer roles are you interested in with Hope Haven? (check all that apply)

- Therapy lesson horse leader or side walker
- Exercising and schooling of therapy horses
- Property maintenance
- Barn chores
- Special events
- Office administration

Do you have experience working with challenged individuals? If so please explain.

Do you have experience with horses? If so please explain.

What special hobbies, skills, or interests do you have?

Confidentiality and Information Release

I recognize that my role as a volunteer with Hope Haven Therapeutic Riding and Wellness Centre will entitle me to certain information about participants which should be treated as confidential. All information given to me by a parent/instructor/support worker in relation to a participant will be discussed only with the personnel of Hope Haven Therapeutic Riding and Wellness Centre. At no time will I discuss any information about participants with other parents or any other individuals. I recognize that all material and papers pertaining to the participant's care are legal documents, and that all information contained therein is confidential.

Volunteer Signature

Photo/Social Media Release

YES - I hereby authorize Hope Haven Therapeutic Riding and Wellness Centre to use and reproduce any photographs and/or any other audio-visual materials taken of me for promotional printed material, educational activities, exhibitions or for any other use for the benefit of the program. This may also include publishing on social media platforms such as Facebook, Twitter, YouTube, Pinterest.

NO - Please do not use or reproduce any photographs and/or any other audio-visual materials taken of me for promotional printed material, educational activities, exhibitions or for use on social media platforms.

Waiver, Release, and Indemnity

Hope Haven Therapeutic Riding and Family Camp Inc. ("the operator") prides itself on offering high-quality, safe facilities and materials for its events and activities. Despite our best efforts, there are inherent risks in participating in the various events, training, and trail riding activities that we offer on our 140 acre site.

For this reason, the operator and its members, officers, directors, agents, trainers, staff, volunteers, affiliates and their respective heirs, executors, estate trustees, administrators, successors, assigns, agents, officers and representatives require that volunteers and participants (and their parents if under 18 years of age) assume full responsibility for any loss, injury, or damage which might be sustained while participating or volunteering in such activities. The undersigned person(s) therefore agrees to the following paragraphs.

The undersigned remises, releases, and forever discharges the operator, the property owner, and any lessees of and from all manner of actions, causes of action, suits, claims, and demands of whatsoever nature or kind which they ever had, now have or which they may have in the future by reason of the death or injury, damage, or loss to the undersigned arising from or in any way attributable to the undersigned's taking part in the operator's activities.

The undersigned indemnifies and saves harmless the operator, the property owner, and any lessees against and from all actions, causes of action, damages, suits, claims, and demands of whatsoever nature or kind (including legal costs incurred in respect thereto) which the operator may sustain or incur by reason of being engaged in, or participating in, directly or indirectly, activities sponsored by, supported by the operator.

The undersigned acknowledges having been advised of all the above, and understands that by signing this agreement certain legal rights which the undersigned may have against the operator, the property owner, and any lessees will be waived. The undersigned is fully satisfied that he or she understands same.

The terms "operator", "property owner", and "lessees" as used herein include the operator, the property owner and any lessees and their respective members, officers, directors, agents, and various activity organizers, trainers, staff, volunteers, affiliates and each of their respective heirs, executors, estate trustees, administrators, successors, assigns, agents, officers, and representatives.

The terms herein shall be binding upon the undersigned as well as their respective heirs, executors, estate trustees, administrators, successors and assigns. This agreement shall be governed by and interpreted in accordance with the laws of the Province of Ontario and the laws of Canada applicable therein.

IN WITNESS WHEREOF the parties have set their hand and seals this on:

Date

Name

First Name

Last Name

Address

Street Address

City

Province

Postal Code

Country

Volunteer Signature

Witness Signature

Parent Signature (if less than 18yrs)

I agree to Hope Haven's POLICIES as outlined on the Hope Haven website.

Agree

I understand that I must have a completed VULNERABLE SECTOR POLICE CHECK before I begin my volunteer role.

Thank you for completing your Volunteer Application for Hope Haven. As soon as your application is received and processed we will be in touch!