



VOLUNTEER APPLICATION

Hope Haven Therapeutic Riding and Wellness Centre

General Contact and Emergency Information

Name *

First Name Last Name

Date of Birth *

Month Day Year

Home Phone Number

Area Code Phone Number

Cell Phone Number

Area Code Phone Number

Email

example@example.com

Address

Street Address

Street Address Line 2

City Province

Postal Code

Emergency Contact

First Name Last Name

Emergency Phone

Area Code Phone Number

Emergency Email

example@example.com

Please specify any allergies, medications or medical diagnoses that may be important in an emergency (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)

- Adaptive riding horse leader or side-walker
- Trail riding of lesson horse
- Special Olympics* Assistant Coach
- Special Projects or events

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?

Do you have any physical limitations that could limit your participation in lessons? (Lessons involve lots of walking and jogging)

Confidentiality and Information Release

I recognize that my role as a participant with Hope Haven Therapeutic Riding Centre will entitle me to certain information about other participants which should be treated as confidential. All information given to me by a parent/instructor/volunteer in relation to another participant will be discussed only with the personnel of Hope Haven and at no time will I discuss this information with any other individual. I recognize that all material and papers pertaining to a participant's care are legal documents, and that all information contained therein is confidential. If at any time there is a concern about the collection, use or disclosure of my personal information I may contact Hope Haven's privacy officer.

In order for everyone on the Hope Haven team to create an empowering, fun and supportive environment it is important for all volunteers and staff to understand the needs of the participant. In recognition of this, I hereby authorize Hope Haven Therapeutic Riding Centre to release to its instructors and volunteers such information from these forms as may be necessary to conduct safe and beneficial programming. I recognize that all volunteers and staff have signed an oath of confidentiality.

Volunteer Signature

Photo/ Social Media Release

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

- Yes
- No

Acknowledgment of Risk and Liability Release

To: **Hope Haven Therapeutic Riding Centre and Family Camp Inc**, their directors, employees, volunteers, business operators, and site property owners (all of them collectively called the HOST).

1. **I Understand** there are inherent **DANGERS, HAZARDS and RISKS**, (collectively called RISKS) associated with Equine Activities and injuries resulting from these “RISKS” are a common occurrence

2. **I Acknowledge** that the inherent “**RISKS**” of Equine Activities means those DANGEROUS conditions which are an integral part of Equine Activities, including but not limited to:

- The propensity of any equine to behave in ways that might result in injury, harm or death to persons on or around them and to potentially collide with, bite or kick other animals, people or objects
- The unpredictability of an equine’s reaction to such things as sounds, sudden movement, tremors, vibrations, unfamiliar objects, persons or other animals and hazards such as subsurface objects
- The potential for other participant(s) to act in a negligent manner that might contribute to injury to themselves or others, such as failing to act within their ability or to maintain control over an equine

3. **I Freely Accept and Fully Assume All Responsibility** for the Inherent “**RISKS**” and the possibility of personal injury, death, property damage or loss resulting from my Participation in Equine Activities

4. **I Acknowledge** that it remains my **Sole Responsibility** to act in such a manner as to be responsible for my own safety and to Participate Within My Own Limits

5. In addition to consideration given for my Participation in Equine Activity, I and my heirs, executors, administrators and assigns (collectively called my “**Legal Representatives**” agree

- **To Waive All Claims that I might have against the “HOST”,** and
- **To Release the “HOST” from Any and All Liability** for any loss, damages, injury, or expense that I or my “Legal Representatives” might suffer as a result of my Participation due to any cause whatsoever **including any negligence on the part of the “HOST”,** and
- **To HOLD HARMLESS AND INDEMNIFY THE “HOST”** from any and all liability for property damage or personal injury to any third party which might result from my Participation in Equine Activities

In signing this form I understand all of the points above and I waive certain legal rights I or my “Legal Representatives” might have against the “HOST”

Name: _____

Address

Street Address

City

Province

Country

Postal Code

Volunteer Signature

Witness Signature

I have read and agree to Hope Haven's POLICIES which are outlined on our Policy page at hopehavencentre.org.

- Agree
- Not agree

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

- Agree
- Not agree

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