Date:

To whom it may concern,

Please be advised that _____ has applied to be a volunteer at Hope Haven Therapeutic Riding Centre Inc. As we work with children and adults with disabilities, we request a Vulnerable Sector Police Check be completed for this individual.

_____ in their role as a volunteer, will assist in a one-on-one or group capacity with our participants, interacting & assisting them with grooming, tacking up, and leading the horse while the participant is mounted. They may also sidewalk beside the participant if extra support is required.

As outlined in our bylaws, anyone who is employed or volunteers at our facility is required to obtain a Vulnerable Sector Check.

Thank you for processing this request.

Robyn Allen
Executive Director
Hope Haven Therapeutic Riding Centre Inc.
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P - 519-986-1247