



VOLUNTEER FORM

Therapeutic Riding Association of Ottawa-Carleton
6362-1 Bank Street
Greely, ON K4P 1J4
Phone: 613-821-1844
Fax: 613-821-1466
trottvolunteer@rogers.com

PLEASE COMPLETE BOTH SIDES OF THE FORM

Personal Information:

First Name: _____ Mailing Address: _____
 Last Name: _____ City: _____
 Date Of Birth: (if under 18) _____ Province: _____ Postal Code: _____
 Today's Date: _____ Home Phone #: _____
 Year I First Joined TROtt: _____ Work Phone #: _____
 E-Mail address: _____ Cell Phone #: _____

Mailing List Permission:

I agree to my email address being added to the volunteer mailing list to receive emails with requests for subs, news and information related to TROtt. **Please sign here** _____

Reference information. This section must be completed and signed by 2 referees.

The 2 referees must have known you for at least 6 months and cannot be a relative.

Reference 1

Name: _____ Email Address: _____ Telephone: _____
 In what capacity do you know the applicant? _____
 How long have you known them? _____
 What strengths will he/she bring to volunteering at TROtt? _____
 Would you recommend them for a volunteer position at TROtt? _____
 Signature: _____ Date: _____

Reference 2

Name: _____ Email Address: _____ Telephone: _____
 In what capacity do you know the applicant? _____
 How long have you known them? _____
 What strengths will he/she bring to volunteering at TROtt? _____
 Would you recommend them for a volunteer position at TROtt? _____
 Signature: _____ Date: _____

Brief Summary of Your Horse Experience:

See over page for waiver

Consent for Emergency Medical Treatment & Waiver of Responsibility

Emergency Contact Name: _____ Relationship: _____

Tel # _____ Home: _____ Work: _____ Cell: _____

Allergies (to medication or food) _____

This hereby gives authority to the THERAPEUTIC RIDING ASSOCIATION OF OTTAWA-CARLETON INC. Program staff and/or volunteers, on behalf of the volunteer/ parent/ guardian, to look after the volunteer(s) noted above. Should any emergencies arise in connection with the above noted volunteer(s), TROtt is empowered to deal with such emergencies and make any decisions and to give such instructions as are required. Further, TROtt is entitled to give any consent required by any doctor or hospital in case of medical treatment.

We will not hold THERAPEUTIC RIDING ASSOCIATION OF OTTAWA-CARLETON INC. or persons acting on their behalf, liable should any incident occur as a result of participation in the riding program or any related activity thereof.

Standards of Confidentiality

I, _____(name), recognize that my role as volunteer with TROtt will entitle me to certain information which should be treated as confidential.

Information given to me by parent/instructor/rider in relation to a rider will be discussed only with the personnel of TROtt.

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 riders' care are legal documents and all information contained therein is confidential.

Release and Indemnity

I, _____(name), do hereby release and forever discharge TROtt, their successors and assigns from any and all manner of actions, causes of actions, suits, debts, claims and demands whatsoever, which against TROtt I ever had, now have, or may hereafter have as a result of, or in any way arising out of, any accident or injury to me or any loss or damage to my property howsoever suffered or caused while I am participating in, or engaged in, any manner whatsoever in activities sponsored by, supported or endorsed by TROtt and including, without limiting the generality of the foregoing, any preparation, therefore, or transportation to or from such activities; and agree to indemnify and save harmless TROtt from and against all claims, demands, losses, damages, costs, charges, and expenses whatsoever which TROtt may sustain or incur by reason of my being engaged in, or participating in, directly or indirectly, activities sponsored by, supported, or endorsed by TROtt. This release and indemnity shall be binding upon me and upon my next of kin, my heirs, executors, administrators, successors and assigns.

Photo Consent Please Read Carefully and Initial

I hereby grant to The therapeutic Riding Association of Ottawa Carleton (TROtt) the right to reproduce, use, exhibit, display, broadcast, distribute and create derivative works of the photographed images and/or video taken of me for use in connection with the activities of TROtt or for promoting, publicizing or explaining TROtt or its activities. In addition, I waive any right to inspect or approve the finished product, including written copy, wherein my likeness appears. This grant includes, without limitation, the right to publish such images in any of TROtt's, promotional materials and website, in any format and media available to TROtt now or in the future, including but not limited to print, broadcast, videotape, CD-ROM, and electronic/online media. No names will be associated with the media described above nor is any remuneration provided. **Please Initial one response ___YES ___NO**

IN WITNESS WHEREOF I have hereunto set my hand and seal this _____ (date) day of _____(month), 2016 (or, where applicable) I/We as parent(s) or legal guardians(s) of the above member, being a person under the age of 18 years, hereby execute this release/indemnity on my/our behalf and on the behalf of:

Signature of Individual (if over 18) _____

Signature of Parent(s) / Guardian(s) if under 18 _____

Signature Of Witness _____