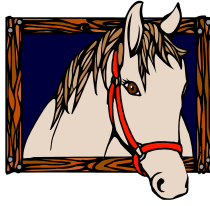


**T.H.R.I.L.**



**Therapeutic Horse Riding in Lindsay  
Volunteer Application Form**

Name: \_\_\_\_\_ Health card #: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

City \_\_\_\_\_ Province & Postal Code \_\_\_\_\_

Home Telephone \_\_\_\_\_ Business Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

\_\_\_\_\_ Tetanus within the last 10 yrs Yes No  
Email \_\_\_\_\_

**Emergency Contact Information:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_  
Home Business Cell

**Areas of Interest:**

How were you referred to our volunteer program? \_\_\_\_\_

What day(s) and time(s) are you looking to volunteer? \_\_\_\_\_

Any medical or physical restrictions? \_\_\_\_\_

**Please check any volunteer area(s) which are of interest to you:**

- Fundraising (as per committee request)
- Grounds/Farm (7 days a week am)
- Special Events (usually weekend or evening hours)
- Volunteer Coord. (weekly chore)
- Therapy Riding (Mon. – Wed. am, pm or eve., Sat. am or pm)

**General Information:**

Educational background: \_\_\_\_\_

Current workplace: \_\_\_\_\_

Other qualifications (first aid, CPR, special courses): \_\_\_\_\_

Other volunteer work: \_\_\_\_\_

Special skills, hobbies, interests: \_\_\_\_\_

**Horse Experience:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you a Pony Club Member? \_\_\_\_\_ Are you an Equine Canada Coach? \_\_\_\_\_  
Do you have any Equine Canada Rider Levels? \_\_\_\_\_

**References:**

1. \_\_\_\_\_  
Name M/F Relationship  
\_\_\_\_\_  
Daytime phone number(s)

2. \_\_\_\_\_  
Name M/F Relationship  
\_\_\_\_\_  
Daytime phone number(s)

**Waiver/consent:**

All volunteers are required to understand T.H.R.I.L and Field of Dreams Farm rules and regulations, and abide by them. Sturdy footwear and gloves are strongly recommended.

I agree to the duties listed in the job description, and I understand that my position at T.H.R.I.L and Field of Dreams Farm is as a volunteer only.

It is further understood that the facility staff and independent contractors are not responsible for any injuries or damages you may suffer while on the premises of Field of Dreams Farm.

I hereby give T.H.R.I.L. and Field of Dreams Farm or its agents, authorization to make inquiries necessary to ascertain my moral character and conduct as to my suitability as a volunteer working with the special needs population and/or children, teens and seniors.

It is a directive of our Board of Directors that each volunteer is required to supply T.H.R.I.L. and Field of Dreams Farm with a current Criminal Information Request (including the Vulnerable Sector), which is obtained by the volunteer, from the local Police Station at a nominal charge. The form will be confidentially kept with the volunteer's application as an important part of our reference check.

**Criminal Information Request:**

attached with application

will forward within 4-6 weeks

**Volunteer:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Parent/support worker (if required)**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**T.H.R.I.L**  
Visit us at [www.thril.ca](http://www.thril.ca)  
Charitable # 76982 4913 RR0001  
A non-profit charitable organization located at  
Field Of Dreams Farm – Where Dreams Come True!  
1072 Monarch Rd, Lindsay, On K9V 4R1 (705) 324 2756 info@thril.ca