



WELCOME TO KTRA!

VOLUNTEER APPLICATION PACKAGE

Brief Introduction to KTRA:

Kamloops Therapeutic Riding Association is a non-profit organization that was incorporated in 1988. Since that time KTRA has been fortunate to have had the help of hundreds of volunteers who assist individuals with disabilities, so they may enjoy the many benefits of therapeutic horseback riding. Without volunteers, we could not provide this service. Your generous commitment of time and dedication is greatly appreciated.

Volunteer Training:

New and returning volunteers must participate in a mandatory orientation session before they are placed into an active schedule. There will be several orientations prior to each session to ensure that instructors, volunteers, riders, and guardians are confident that everyone has the same information.

Volunteer Registration Instructions:

- Please fully complete and return the Volunteer Application to the KTRA office. Or email completed application to jarnold@ktra.ca.
- If Applicant is a Minor, ensure Parent or Guardian has read and signed the volunteer application.
- If Applicant is of the age of Majority, you are required to complete a 'Police Information Check with Vulnerable Sector' from your local RCMP Detachment Office. See the "Police Information Checks" page of this application for more information. Once it has been completed please mail or deliver to KTRA so we can finish processing your application.
- Letter to have pic done for **(free)** is available on KTRA's web site or from office.
- You may also visit mybackcheck.com to complete your police information check on line. **(\$25)**
- Once all paperwork has been received, you will receive a phone call or e-mail from the Volunteer Coordinator to set up an appointment to review your application.



VOLUNTEER CONTACT INFORMATION:

Full Name: _____ Date of Birth: _____

Full Address: _____

E-Mail Address: _____

Primary Ph. #: _____ Alternate Ph. #: _____

Getting To Know You:

How did you hear about KTRA?

Have you been involved in assisting the disabled community before?

Yes: _____ No: _____

Please describe your equestrian experience:

Is there anything you would like us to know? Or consider when placing you in a volunteer position?? Ie. Unable to trot beside a horse with a rider down the long side of the arena.



KTRA AREAS OF INTEREST:

Please indicate which categories you are interested in volunteering in;

Office Assistance/Fundraising: _____ Special Event Planning: _____

Seasonal Facility Maintenance: _____ Routine Stable Help: _____

Lesson Volunteers: (Commit to one - 1.5 hour lesson per week for 8-12 weeks per Session.)

Side Walker (Good for people who are new to horses, most of the focus is on the rider): _____

Leader (Suited for people who have horse experience. Must be min. 16 years of age): _____

AVAILABILITY:

Please fill in the times you are available (start to finish) each week:

Monday _____ Tuesday _____ Wednesday _____

Thursday _____ Friday _____ Sat and Sun-special events! _____

Are you sometimes available on a short notice basis? Yes: _____ No: _____

Are you available for Special Events on weekends? Yes: _____ No: _____

Additional comments



HEALTH & EMERGENCY INFORMATION

Emergency Contact Name: _____ Relationship: _____

Phone Number: _____ Address: _____

Do you have any medical conditions, allergies or medications that we should be aware of?

(Describe):

Consent for Emergency Medical Treatment –Please complete one of the following:

In case of emergency illness or injury, I give permission to Kamloops Therapeutic Riding Association to secure medical treatment as deemed necessary by medical staff.

Volunteer/ Parent/ Guardian Signature _____

Date: _____

Physician: _____ Ph. # (_____) _____

Care Card# _____

(OR)

Volunteer's Non-Consent for Emergency Medical Treatment

*In case of emergency illness or injury I **DO NOT** give my consent to Kamloops Therapeutic Riding Association to secure medical treatment. Instead, I wish the following procedures to take place;*

Volunteer/Guardian Signature: _____

Date: _____

If you are under 16, Please have a parent or guardian sign below. Meaning that they are supporting your decision to volunteer at KTRA.

Parent/ Guardian Signature: _____

Date: _____



VOLUNTEER STANDARDS OF CONFIDENTIALITY

I, _____ recognize that my role as a volunteer with Kamloops Therapeutic Riding Association will entitle me to certain information about riders which should be treated as confidential. All information given to me by a parent/instructor/rider in relation to a rider will be discussed only with the personnel of Kamloops Therapeutic Riding Association.

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 rider's care are legal documents, and that all information contained therein is confidential.

Volunteer Name (print): _____

Signed: _____ Date: _____

Parent/Guardian Name - for volunteers under the age of majority

Print: _____

Signed: _____ Date: _____

PHOTO & SOCIAL MEDIA RELEASE

I consent to photographs taken of me during my participation in Summer Camp and to publication and use of the photographs by Kamloops Therapeutic Riding Association ("KTRA") for promotional, fundraising, advertising and marketing purposes including but not limited to print and social media use.

Volunteer Name: _____

Signed: _____ Date: _____

Parent/Guardian Name - for volunteers under the age of majority

Print: _____

Signed: _____ Date: _____

No I do not consent



POLICE INFORMATION CHECKS:

PROCEDURE

- Must be completed by anyone volunteering who is 18 years or older
 - Easiest way is to print out and bring in just the KTRA COVER LETTER (last page of this volunteer application package) to your local RCMP office as they have all the applications printed out already.
 - KTRA Cover letters can be obtained from the KTRA Website or picked up in person from the KTRA Office
 - Copies of Police Information Checks cannot be more than 6 months old.
1. Read the PIC Application and cover letter to familiarize yourself with the information required. If desired, request the FAQ sheet for more information. I would be happy to send this to you.
 2. Fully complete the entire PIC application as per the instructions on each page (the complete PICS's application are available at your local RCMP office).
 3. Have applicable identification ready e.g. Driver's License, B.C. I.D. etc. and submit in person.
 4. When your PIC has been completed, you will be contacted by the RCMP office to retrieve it in person. Please mail or deliver the completed PIC form to KTRA so I can contact you for scheduling your orientation and volunteering opportunities.
 5. A new option is to complete your PIC online thru mybackcheck for \$25.00. The link is available on the website under volunteer tab. www.ktra.ca.

If you have any questions or concerns, please contact **Volunteer Coordinator** or **Executive Director**, Ashley Sudds at KTRA. We would be happy to assist you any way that we can.

Thank you for your generous gift of time. Without you, we would not exist!



Kamloops Therapeutic Riding Association

730 Crestline St, Kamloops B.C., V2B 6L8

(250) 554 - 3811

www.ktra.ca

2018

RCMP Kamloops City Detachment
560 Battle Street
Kamloops BC V2C 6N4

Date: _____

Attention: Client Support Services Supervisor

This letter will introduce _____ who will be working as a volunteer with our organization. This volunteer will be working with the vulnerable sector and in this regard will require a Police Information Check with Vulnerable Sector Screening as outlined below:

- Criminal convictions (summary and indictable) from CPIC and/or local databases.
- Outstanding judicial orders, such as charges and warrants, judicial orders, Peace Bonds,
- Probation Orders. As per CPIC policy, information obtained from the Investigative Databank must be confirmed and authorized for release by the contributing agency.
- Absolute discharges, for a period of one year from the date the applicant was found guilty, and conditional discharges, for a period of three years from the date the applicant was found guilty.
- Charges recommended and/or processed by other means such as Diversion or Alternative Measures.
- Dispositions listed in the CPIC Identification Databank or CRII under non-convictions including, but not limited to, withdrawn, dismissed, and cases of not criminally responsible by reason of mental disorder.
- Any additional information recorded in police databases documenting the applicant to have been suspect in an offence (whether or not charged), subject to provincial retention periods specific to the offence type.
- Information from police databases documenting that the applicant has previously exhibited violent, harmful or threatening behavior related to a mental health incident.
- As authorized for release by the minister of Public Safety, all pardoned criminal convictions, including non sex offences, identified as a result of a VS query.

We understand that applicants themselves must collect their results once completed, therefore we appreciate your contacting them when the results are available for retrieval.

Yours truly,

Jacquie Arnold, Volunteer Coordinator

Kamloops Therapeutic Riding Association