**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 ktravolunteers@gmail.com

-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 last 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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

 **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): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**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;\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 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.

1. 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).

1. Have applicable identification ready e.g. Driver’s License, B.C. I.D. etc. and submit in person.
2. 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.
3. 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,** Crystal Moore. 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!**