



Rainbow Riders - Therapeutic Riding Newfoundland and Labrador Inc.
P.O. Box 23199 (103 Mount Scio Road)
St. John's, NL A1B 4J9
www.rainbowridersnl.com
For volunteer inquiries: Volunteersrainbowridersnl@gmail.com
For general inquiries: rainbowridersnl@gmail.com

Attention: Volunteers under 18 years of age must include the signature of a parent/guardian for EVERY section of this document. Volunteers 18 years of age and up must submit a code of conduct with a vulnerable sector check.

VOLUNTEER INFORMATION

Name: _____

Age: _____

Date of Birth: _____

Height (in feet): _____

Gender Pronouns: _____

Address: _____

City/Prov.: _____ **Postal Code:** _____

Cell Phone: _____ **Home:** _____

E-mail: _____

Level of Horse Experience (please explain):

What do you hope to gain from volunteering?

Certificates held (eg. First Aid, CPR, CanTRA, Equine Canada, etc.):

Allergies: _____

IF you have any allergies, do you carry an Epi-Pen or other medication and if Yes where will it be kept while you're at our facility: _____

Physical Limitations/Medical needs/Health Conditions that we should be aware of:

Please tick which methods you prefer to be contacted by:

- ☐ Phone Call
- ☐ Facebook
- ☐ Email

Are you happy to be added to our Newsletter mailing list (sent via email)?

- ☐ Yes
- ☐ No

IN CASE OF EMERGENCY

Name: _____

Relationship: _____

Address: _____

City/Prov.: _____ Postal Code: _____

Cell Phone: _____ Home: _____

In case of emergency, I give permission to **Rainbow Riders – Therapeutic Riding Newfoundland and Labrador Inc.** to secure medical treatment including x-ray, surgery, hospitalization and medication.

Volunteer Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

VOLUNTEER LIABILITY RELEASE

Volunteers at Rainbow Riders must be 16 years of age or older to attend a volunteer shift, **WITHOUT** the supervision of a parent or guardian. This is a firm rule based on liability concerns and the inability of our staff to supervise ALL volunteers for the entire duration of their shift.

As a volunteer with **Rainbow Riders – Therapeutic Riding Newfoundland and Labrador Inc.** I acknowledge the risks and potential risks for a horseback riding and barn Maintenance program. However, I feel that the possible benefits to myself and the clients I work with are greater than the risks assumed. I hereby, intending to be legally bound, for myself, executors or administrators, waive and release forever, all claims for damages against the **Rainbow Riders – Therapeutic Riding Newfoundland and Labrador Inc.** its Board of Directors, Instructors, Therapists, Volunteers and/or Employees for any and all injuries and/or losses I may sustain while volunteering at the **Rainbow Riders – Therapeutic Riding Newfoundland and Labrador Inc.**

Volunteer Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

PHOTO RELEASE

I hereby consent to and authorize the use and reproduction by **Rainbow Riders – Therapeutic Riding Newfoundland and Labrador Inc.** of any and all photographs and/or any other audiovisual materials taken of me/my son/my daughter/my ward, for promotional printed material, educational activities, exhibitions, or for any other use for the benefit of the program.

Volunteer Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

VOLUNTEER STANDARDS OF CONFIDENTIALITY

I, _____ recognize that my role as a volunteer with **Rainbow Riders – Therapeutic Riding Newfoundland and Labrador Inc.** will entitle me to certain information about riders which must be treated as confidential. All information given to me by a parent/instructor/rider in relation to a rider will be discussed with the personnel of **Rainbow Riders – Therapeutic Riding Newfoundland and Labrador Inc.** 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.

Volunteer Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

VOLUNTEER HANDBOOK AGREEMENT

I, _____ have read and understand the **Rainbow Riders – Therapeutic Riding Newfoundland and Labrador Inc. Volunteer Handbook**. I agree to the rules and terms, and I understand that failure to follow these terms may result in loss of volunteer privileges.

Volunteer Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

VOLUNTEER ATTENDANCE POLICY

Rainbow Riders would not be able to operate our programs without amazing volunteers like you. Taking care of our herd is not a realistic task for one staff member and our barn volunteers are critical to ensuring the day-to-day care of our horses. Our lesson program is also heavily volunteer based; one rider may require up to 3 volunteers to experience the joy of riding and if volunteers are not present, some who require additional support may be unable to participate in their therapeutic riding lesson.

We kindly ask that you give us 24 hours notice wherever possible when you cannot make a volunteer shift. We understand that emergencies arise and for this reason we have a Facebook group where you can post to see who may be available to cover your shift. If you are not connected to the Facebook group, please contact the volunteer coordinator via the volunteer email to receive the Facebook link. This is a private group that is moderated to protect both your privacy and the privacy of our participants. If you are not a facebook user, we ask that you contact the volunteer coordinator via email at least 24 hours prior to your volunteer shift.

We ask that you make every possible effort to be present for the shifts that you commit to. **Due to recent lack of attendance, we are implementing a tally system to keep track of the time you are not present, without proper notice.** Your commitment is crucial to the operation of Rainbow Riders and our participants' ability to take part in their therapeutic riding lesson. If you fail to attend your shift 3 times, without 24 hours notice and without a valid reason, we will notify you and look to someone else to fill your volunteer shift. Valid reasoning for missing your shift can include, but is not limited to, illness, family emergencies, etc. However, we still ask that you inform the volunteer coordinator via email, or post on the facebook page in the event you have to miss your shift. This newly revised volunteer attendance policy is applicable to ALL volunteers in both our lesson program, and the barn. We hope you enjoy volunteering at Rainbow Riders and thank you for your tremendous help in keeping our horses happy and our program running smoothly.

I, _____ recognize my role as a volunteer with **Rainbow Riders – Therapeutic Riding Newfoundland and Labrador Inc.** and how crucial I am to the well-being of our horses and success of our lesson program. I will make every reasonable effort to follow the Volunteer Attendance Policy and provide 24 hour notice if I am unable to attend my volunteer shift.

Volunteer Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____