



Dear Prospective Volunteer,

Your assistance is needed at CARD, the Community Association for Riders with Disabilities. Since 1969, CARD has been in operation as a non-profit charitable organization. For over 50 years, CARD has provided quality therapeutic riding programs aiming to improve the lives of children and adults with disabilities. Our highly individualized program is designed for each rider. We are proud of what we accomplish and invite you to become part of our team.

The benefits and joy the riders and their families receive will make your involvement with CARD extremely rewarding. The success of the program depends on regular weekly participation of our volunteers to provide safe and effective therapy lessons for our riders. Without the dedication and commitment of volunteers, our program would not be possible.

Volunteers must maintain a consistent schedule in the day(s) and time(s) they volunteer in each 9 to 11 week session. We understand that your time is valuable and we are willing to be flexible when scheduling your time with program needs. However, because of training involved, we require volunteers to make a weekly commitment of 2 to 4 hours during the 9 to 11 week session.

You will be required to attend an Information Session and a Hands-On Training Session before being placed into the program.

To apply for any of our volunteer opportunities, please download and complete the volunteer application. You are required to provide CARD with two (2) references, other than relatives. Your references will need to complete the "Volunteer Reference Check" form and submit the form to CARD before your application can be considered.

Your application can be submitted by fax, email, mail or by dropping it off in person. If you should have any questions, please feel free to contact me at 416-667-8600 ext.3 or judy@card.ca.

Thank you for your interest.

Sincerely,

Judy Wanless
Director of Volunteer Services
CARD



Volunteer Application

Date: _____

Name: _____

Parent/Guardian name _____
(If applicable)

Address: _____

City: _____ Postal Code: _____

Home Telephone Number () _____

Email Address: _____

If employed, please provide the following information:

Occupation: _____

Company Name: _____

Company Address: _____

City: _____ Postal Code: _____

Business Telephone Number: () _____

If Student, Name of School: _____

School Address: _____

City: _____ Postal Code: _____

Telephone Number: () _____

Volunteer Position Desired:

- Program
- Barn
- Administration

Please check day(s) and time(s) available:

	Morning	Afternoon	After School	Evening
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

Do you hope to obtain Community Service Hours for high school graduation from your experience at CARD?

Yes _____ No _____

In case of emergency, please contact:

Name: _____ Relationship: _____

Telephone Number: () _____

Please check any training/checks that you have completed:

- AODA
- First Aid
- CPR
- Vulnerable Sector Screening
- Police Screening Check

Signature: _____ Date: _____

*All information is kept private and confidential

Please answer the following questions to help us know our volunteers better...

1. Which of the following skills do you believe you possess? Please check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Organized | <input type="checkbox"/> Works well with others |
| <input type="checkbox"/> Able to follow instructions well | <input type="checkbox"/> Able to work in flexible environment |
| <input type="checkbox"/> Patient | <input type="checkbox"/> Committed |
| <input type="checkbox"/> Able to multitask | <input type="checkbox"/> Able to manage time well |
| <input type="checkbox"/> Willingness to learn | <input type="checkbox"/> Strong work ethic |
| <input type="checkbox"/> Able to communicate well | |

Please list any other skills you may have:

2. Please check any skills that you would like to develop:

- | | |
|--|---|
| <input type="checkbox"/> Communication | <input type="checkbox"/> Flexibility/Adaptability |
| <input type="checkbox"/> Leadership | <input type="checkbox"/> Horsemanship |
| <input type="checkbox"/> Interpersonal | |

Please list any other skills you would like to develop:

3. What would you like to gain from your experience at CARD?

- | | |
|--|---|
| <input type="checkbox"/> Horse experience | <input type="checkbox"/> A new passion |
| <input type="checkbox"/> Networking/meeting new people | <input type="checkbox"/> Experience working with individuals with different abilities |
| <input type="checkbox"/> New working environment | |
| <input type="checkbox"/> Other (please specify) | |

4. Do you have any experience with horses?

- Yes
 No

If yes, explain briefly: _____

5. Do you have any equestrian teaching qualifications?

- Yes
 No

If yes, give details: _____

6. Do you have experience working with children or adults with disabilities?

Yes

No

If yes, explain briefly: _____

7. Program volunteers either lead the horse or walk beside the horse to assist the rider for up to one hour per lesson. Do you have any physical limitations that would make this difficult for you?

Volunteering at CARD is not suitable for people with mobility issues.

Yes

No

If yes, explain briefly: _____

8. List any previous volunteer experience.

9. Do you speak any languages other than English? If yes, please check all that apply.

French

Portuguese

Spanish

Tagalog

Cantonese/Mandarin

Tamil

Italian

Farsi

Other (please specify)

10. What special skills, training or hobbies do you have?

11. How did you hear about CARD?

Job board

Friend/family

Website

Other (please specify)
