



T.E.A.D. Equestrian Association for the Disabled
8360 Leeming Road East, RR #3,
Mount Hope, Ontario L0R 1W0
905-679-8323

All volunteer information is held in strictest confidence and will be used only to match an individual to a suitable position and in the collection of statistical information

Please complete this application at your own discretion

Today's date: _____

Name: _____ DOB (if under 18): _____ (yy/mm/dd)

Address: _____

City: _____ Postal Code: _____

Home Phone #: _____ Work Phone #: _____

E-mail Address: _____

Cell Phone #: _____ Occupation: _____

How did you hear about TEAD? News Media Another Organization Another Volunteer Other

How would you like to be involved at TEAD?

Please check appropriate box(es)

- | | | | |
|---|--|---|--------------------------------------|
| <input type="checkbox"/> Lessons – Leaders & Side Walkers | <input type="checkbox"/> Stable Maintenance | <input type="checkbox"/> Horse care | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Equipment maintenance | <input type="checkbox"/> Board of Directors | <input type="checkbox"/> Special Events | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Committee | <input type="checkbox"/> Riding instructor (experience required) | | |

Reason for Volunteer Placement:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> OSSD Requirement | <input type="checkbox"/> Community Involvement | <input type="checkbox"/> Desire to Help Others | <input type="checkbox"/> Spare Time |
| <input type="checkbox"/> Develop Skills | <input type="checkbox"/> Personal Satisfaction | <input type="checkbox"/> Work Record | <input type="checkbox"/> Coop placement |

Do you have previous volunteer experience?

Yes No

If yes, please complete:

1. Name of Organization: _____
 Volunteer Role: _____

Lesson times: (Spring, Fall & winter) Please check off times you are available

Monday	Tuesday	Wednesday	Thursday	Saturday
<input type="checkbox"/> 9.30am	<input type="checkbox"/> 9.30am	<input type="checkbox"/> 9.30am	<input type="checkbox"/> 10.00am	<input type="checkbox"/> 9.30am
<input type="checkbox"/> 11.00am	<input type="checkbox"/> 11.00am	<input type="checkbox"/> 11.00am	<input type="checkbox"/> 11.00am	<input type="checkbox"/> 11.00am
<input type="checkbox"/> 5.30pm	<input type="checkbox"/> 5.30pm	<input type="checkbox"/> 1.30pm	<input type="checkbox"/> 5.30pm	<input type="checkbox"/> 12.30pm
<input type="checkbox"/> 6.30pm	<input type="checkbox"/> 6.30pm	<input type="checkbox"/> 5.30pm	<input type="checkbox"/> 6.30pm	<input type="checkbox"/> 1.30pm
<input type="checkbox"/> 7.30pm	<input type="checkbox"/> 7.30pm	<input type="checkbox"/> 6.30pm	<input type="checkbox"/> 7.30pm	<input type="checkbox"/> 2.30pm
		<input type="checkbox"/> 7.30pm		

Summer Camp: July and August

Monday am Tuesday am Wednesday am Thursday am Friday am All day

Office Use Only: _____ DATE	<input type="checkbox"/> Orientation Class	<input type="checkbox"/> Membership Year _____	<input type="checkbox"/> Leader	<input type="checkbox"/> Sidewalker
	<input type="checkbox"/> Winter Session	<input type="checkbox"/> Spring Session	<input type="checkbox"/> Summer Session	<input type="checkbox"/> Fall Session
	<input type="checkbox"/> Board Member	<input type="checkbox"/> Instructor	<input type="checkbox"/> Committee Member _____	
	<input type="checkbox"/> CRC Viewed	Date: _____		

T.E.A.D. Equestrian Association for the Disabled

Emergency Contact: _____ Relationship: _____

Home Phone #: _____ Work Phone #: _____

Education:

School Attending: _____ Year/Grade: _____

Please provide a reference below (do not include relatives)

Name: _____ Relationship: _____

Phone #: _____ E-mail: _____

Release and Authorization

I, _____ on behalf of myself, my heirs administrators and assigns, hereby acknowledge that I am participating in the program and activities connected therewith concluded by you at my sole risk and I exonerate and release you, your agents, servants, employees and all who act on your behalf, from any and all responsibility and claims for any injury that I may suffer while participating in such a program.

Conditions of Volunteering:

As a volunteer of T.E.A.D. Equestrian Association for the Disabled, I will:

- be punctual and come ½ hour before class to assist with tacking of horses
- notify the office, should I not be able to attend my volunteer shift
- abide by safety standards taught during the orientation and training
- read and be familiar with all hints, safety tips and universal hygiene precautions (posted)
- will not breach confidentiality with respect to all riders, staff and fellow volunteers and their information
- authorize TEAD to contact my reference

Photo Release: (Optional)

I consent to authorize TE.A.D. Equestrian Association for the Disabled the use and reproduction of any and all photography and any audiovisual materials taken of me for promotional materials, educational activities, exhibitions, or for any other use for the benefit of the program.

I have read and understand the above conditions, and will abide by these.

Signature of Volunteer

Date

Signature of Parent or Legal Guardian (if under 18)

Date

Our Mission

“T.E.A.D. is dedicated to enhancing the quality of life for children and adults with disabilities through a unique form of proven therapy with the use of horses.”