



North Fraser Therapeutic Riding Association

12471 – 254th Street, Maple Ridge, B.C. V4R 1V4 Phone: 604 – 462 - 7786 E-mail: nfra@shaw.ca

VOLUNTEER INFORMATION

Name: _____

Home Phone # _____

Alternate Phone # _____

Address: _____

City and Postal Code: _____

Email Address: _____

Birth date: _____

Occupation/ Company: _____

Would you be opposed to taking a Criminal Record Check? If yes, why? : _____

What days and times are you available? _____

Are you available on short notice? _____

Do you have any physical limitations or health problems, such as back/joint problems, recent surgeries, cardio visual or auditory problems? *Please specify.* _____

When was your last tetanus shot? _____

Do you have any allergies or are currently on any medications, if so, please specify. _____

Can you walk for 1 hour and jog for short distances? _____

Can you hold your arm above shoulder height and support a modest weight, given a chance to change sides? _____

Do you have any experience with horses and / or ponies, please explain? _____

Do you have any experience working with people with disabilities, please explain? _____

Would you be interested in doing various other volunteer work besides assisting with lessons, if so, please specify(fundraising, organizing events, horse shows, jump judging, grounds and barn maintenance)

How did you hear of NFTRA? (*Please be specific – name of website, newspaper, where notice was posted, etc.*) _____

I understand that the information provided above is accurate to the best of my knowledge. I know of no reason why I should not participate in this center's program.

Volunteer, Parent or Guardian Signature: _____

Date: _____