



**Valley Therapeutic Equestrian Association**

3330 256<sup>th</sup> St, Langley, BC, V4W 1Y4

Phone: 604-857-1267 Fax: 604-625-1268

Email: info@vtea.ca Website: www.vtea.ca

**Volunteer Information Form**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

How did you learn about volunteering with VTEA e.g. friend, newspaper, social media, etc.

\_\_\_\_\_

VTEA requires a minimum of a 2-hour commitment on consistent day(s) in order to effectively provide lessons. Please indicate which day(s) and time(s) you would be available.

<b>Times</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>
Any Time					
9:00 - 9:30					
9:30 - 10:00					
10:00 - 10:30					
10:30 - 11:00					
11:00 - 11:30					
11:30 - 12:00					
12:00 - 1:00	Lunch				
1:00 - 1:30					
1:30 - 2:00					
2:00 - 2:30					
2:30 - 3:00					
3:00 - 3:30					
3:30 - 4:00					
4:00 - 4:30					
4:30 - 5:00					
5:00 - 5:30					

Do you have experience with:

- Horses \_\_\_\_\_
- People with disabilities \_\_\_\_\_

What type of volunteer work interests you? In the arena – side walking or leading; barn or yard maintenance, fundraising, grooming, office, etc.

\_\_\_\_\_

**Medical Information:**

When was your last Tetanus Shot? \_\_\_\_\_

Do you have any physical limitations or health issues that VTEA should be aware of such as back/joint problems, recent surgeries, seizures? \_\_\_\_\_

\_\_\_\_\_

Do you have any allergies or are you on any medications that VTEA should be aware of?

\_\_\_\_\_

**Volunteer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(if volunteer under 19 years of age)

**Parent Name:** \_\_\_\_\_ (please print)

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(if volunteer under 18 years of age):

**Standards of Confidentiality:**

I recognize that my work as a volunteer with VTEA will entitle me to certain information about clients which should be treated as confidential. All information given to me by a parent/instructor/client in relation to a client will be discussed only with the personnel of VTEA . At no time will I discuss any information about clients with other parents or any other individuals. I recognize that all material and papers pertaining to the client’s care are legal documents and that all information contained therein is confidential.

**Volunteer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_  
(please print)

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(if volunteer under 18 years of age)

**Witness Signature:** \_\_\_\_\_