



VOLUNTEER INFORMATION SHEET

NAME: REGISTRATION YEAR:

ADDRESS: _____
_____ POSTAL CODE: _____

PHONE: (Home): _____ (Cell): _____ (Work): _____

E-MAIL ADDRESS: _____

Note: MVSRA relies on email as well as their website to share information. By providing your email address you consent to allowing representatives of MVSRA to contact you via email to keep you apprised about MVSRA and their activities.

ALBERTA HEALTH CARE #: _____

EMERGENCY CONTACT: (Name): _____

(Phone #): _____

Occupation (brief description of duties): _____

Have you been involved with MVSRA before? Yes No

How did you hear about our Association? _____

Have you ever worked with persons with disabilities? Yes No
(Please provide a brief description and length of time): _____

What is your knowledge of horses and the length of time you have been involved with horses? _____

Do you have your First Aid certificate? Yes No Expiry:

Have you had volunteer training? Yes No

Preferred time to volunteer? _____

Note: Please complete back of form as well

What areas are you interested in helping us with?

<input type="checkbox"/> Riding Lessons	<input type="checkbox"/> Fundraising Committee	<input type="checkbox"/> Advertising and Promotions
<input type="checkbox"/> Horse Show	<input type="checkbox"/> Spending/Funds Committee	<input type="checkbox"/> Newsletter
<input type="checkbox"/> Trail Ride	<input type="checkbox"/> Policy Committee	<input type="checkbox"/> Office Work
<input type="checkbox"/> Pony Rides/Parade	<input type="checkbox"/> Food Committee	<input type="checkbox"/> Other: _____

Vulnerable Sector Checks (VSCs) are required for all volunteers who have roles that involve direct interaction with those vulnerable participants involved in the riding program. The VSC must be obtained prior to volunteering with the riding club and needs to be completed at a minimum of every five years or as requested by the MVSRA Executive. The results of any VSCs are kept confidential by MVSRA and its officers and may or may not affect volunteer placement depending upon the nature of the information contained within that search.

Volunteers with MVSRA may be privy to information about the riders, their families and other volunteers that is confidential in nature. Confidentiality needs to be respected and treated with the utmost importance by all MVSRA volunteers. Breaches of confidentiality may result in disciplinary action or termination of the volunteer.

Occasionally photos, video or audio will be taken for promotion, research and/or training purposes.

I am okay with this sharing information
 I am not willing to participate in information sharing of this nature.
 I am willing to share this information but I have the following exceptions:

Every participant acknowledges and agrees that Mount View Special Riding Association and the Olds Regional Exhibition, the members and officers thereof, shall not be liable for any injury, loss or damage which the participant may suffer on or about the premises during Association related activities. Every effort will be made to avoid any accident. No liability can be accepted by any organization concerned with the activities of the Mount View Special Riding Association, and/or anyone providing facilities and equipment.

No volunteer can be accepted for our program until this form has been completed.

Memberships are encouraged: Voting Membership Non-Voting Membership

I do hereby acknowledge having read and understood the aforementioned release and agree to be bound by the same.

SIGNATURES:

(parent/guardian if under 18 or is appointed by law)

_____ DATE: _____

_____ DATE: _____

Witness Signature