



Volunteer Program Information Sheet

Thank you for your interest in volunteering with Little Bits. Our program is for riders with disabilities, including children, young adults and adults. Our Fall 2007 session begins September 9 and runs for 10 weeks.

Volunteers assist in the classes by leading a horse or sidewalking. Help is also needed in the barn to brush and tack horses. The minimum age for volunteers to lead or sidewalk is 14 years. There are some opportunities for 12–13 year olds with horse experience to help in the barn.

Class Times

Classes run 4 days per week at the Whitemud Equine Centre. Each class is an hour long and there are 5 riders per class. Please choose which days and times you want to volunteer.

Sundays	Sept 9 – Nov 11	9:30 am - 6:30 pm
Mondays	Sept 10 – Nov 19	9:30 am – 1:30 pm
Tuesday	Sept 11 – Nov 13	9:00 am - 1:30 pm AND 3:30 - 9:30 pm
Wednesdays	Sept 12 – Nov 14	3:30 pm - 9:30 pm

Requirements

Basic requirements are a comfort level around horses and the desire to help riders with a disability get the most out of each lesson. Volunteers also need to be able to walk for 45 minutes (with some stops along the way) in an indoor arena or outside.

How to Apply

Step One:

Complete an application form and obtain reference phone numbers. Now **drop off your completed application, and references**, to the Little Bits Office (located at the Whitemud Equine Centre) or **fax** the information to us at 476-7252.

Step Two:

Prior to starting, we hold interviews with potential volunteers.

Step Three:

Attend the “hands on” Volunteer Training Session. This session is mandatory; however if you are interested in volunteering but are unable to attend this training session, call Alan MacKenzie at 476-1233 to make other arrangements.

Volunteer Training Session
September 5, 2007
7:00 pm – 9:00 pm
Whitemud Equine Centre, Edmonton
(Fox Drive and Keillor Rd)

- The training session will begin in the classroom and then we will do some demonstrations and hands-on training in the barn and arena.
- Please wear clothing and footwear suitable for being around horses, dust, etc.
- If you will be attending please let us know (phone 476-1233)



Fall 2007 Volunteer Application

Name: _____

Address: _____ Postal Code _____

Telephone: Home _____ Work _____

Email _____

Place of Employment: _____

Age: under 14 yrs under 18 yrs over 18 yrs (please check one)

How did you hear about Little Bits need for volunteers? _____

What made you choose Little Bits as a place to volunteer? _____

Do you have experience interacting with people with disabilities? No Yes If yes, describe.

Do you have experience with horses? No Yes If yes, describe.

Please list any additional skills, interests that you would be willing to share with Little Bits.
(e.g. *artistic ability, fundraising, public speaking, computers, etc....*)

(Please fill in page 2)

Little Bits Therapeutic Riding Association,
29016 Lendrum PO, Edmonton, Alberta T6H-5Z6
Phone: (780) 476-1233, Web site at www.littlebits.ca, E-mail: info@littlebits.ca
Charitable Number: 11902 – 1277 RR0001

Availability

(☐ all boxes that apply or write in time in space provided)

Sundays Sept 9 – Nov 11 9:45-1:00{ 10:45-2:00{ 1:45-5:00{ 2:45-6:00 { Other: _____ to _____

Mondays Sept 10 – Nov 19 9:30-1:15{ Other: _____ to _____

Tuesday Sept 11 – Nov 13 8:45-12:00{ 8:45-1:15{ Other: _____ to _____

Tuesday Sept 11 – Nov 13 3:45-7:00{ 4:45-8:00{ 6:45-9:15{ Other: _____ to _____

Wednesdays Sept 12 – Nov 14 3:45-7:00{ 4:45-8:00{ 6:45-9:15{ Other: _____ to _____

Please indicate any medical condition(s) we should be aware of:

Contact person in case of emergency:

Name: _____ Phone: Home _____ Work _____

Relationship to you (e.g. parent, spouse, friend) _____

References:

Little Bits Therapeutic Riding Association requires that **all new volunteers provide phone numbers for two references.** These may come from teachers, employers, other agencies you volunteer with, co-workers, etc.

Reference #1

Name _____

Relationship to you _____

Phone Number _____

Reference #2

Name _____

Relationship to you _____

Phone Number _____

(Please fill in page 3)

Volunteer Agreement with Little Bits Therapeutic Riding Association (LBTRA)

In consideration of this application form, I hereby waive and release any and all claims against Little Bits Therapeutic Riding Association, their paid personnel, volunteers, as well as the Whitemud Equine Centre, for all injuries and expenses incurred by me during LBTRA activities.

I further give my permission to LBTRA and to persons designated by LBTRA to make photographic, and/or audiovisual recordings of myself and to publish or display them.

In case of an emergency, the undersigned authorizes LBTRA to provide such medical assistance as they determine to be necessary.

I understand that any personal information I am given regarding a rider is confidential and I agree to keep that information in confidence.

Signature of applicant: _____ Date: _____

Parent or Guardian: _____ Date: _____

(Parent or guardian, only if applicant is under 18 years of age)

Witness: _____ Date: _____

Completed forms may be faxed to 476-7252 or dropped off at the office in the Whitemud Equine Centre, Keillor Road off Fox Drive, Edmonton)