



LITTLE BITS
THERAPEUTIC RIDING ASSOCIATION
for persons with disabilities

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 session runs from September 11th until November 16th.

Volunteers assist in the classes by leading a horse or side walking. 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 3 days per week (Sunday, Tuesday, and Wednesday) at the Whitemud Equine Centre, and 2 days per week (Saturday and Monday) at the St. Albert Horse Sense Facility. Each class is an hour long and there are 5 riders per class. Please choose which days and times you want to volunteer.

Saturdays September 10 – November 26	9:30 am – 6:15 pm
Sundays September 11 – November 13	9:30 am - 6:30 pm
Mondays September 12 – November 28	3:30 pm – 8:15 pm
Tuesdays September 13 – November 15	8:30 am - 1:30 pm AND 3:30 - 9:30 pm
Wednesdays September 14 – November 16	2:30 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.

Little Bits Therapeutic Riding Association,
29016 Lendrum PO, Edmonton, Alberta T6H-5Z6
Phone: 780-476-1204, Web site at www.littlebits.ca, E-mail: volunteers@littlebits.ca
Charitable Number: 11902 – 1277 RR0001

How to Apply

Step One:

Complete an application form and obtain reference phone numbers. Now send your application via e-mail (volunteers@littlebits.ca) or drop off your completed application, and references, to the Little Bits Office (located at the Whitemud Equine Centre).

Step Two:

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 us at 780-476-1204 or e-mail at volunteers@littlebits.ca to make other arrangements.

**Orientation Session
Tuesday, August 30th, 2011
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 780-476-1204 / e-mail volunteers@littlebits.ca)

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Fall 2011 Volunteer Application

Name: _____

Address: _____
City/Town Postal Code

Telephone: _____
Home Work /Cell

E-mail: _____

Place of Employment: _____

Age: Less than 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)

Are you bondable? Yes ___ No ___ (Bondable means you have NO criminal record)

Availability

Sundays 9:30-1:00 10:45-2:00 1:45-5:00 2:45-6:00 Other: ___ to ___
Tuesdays AM 8:30-12:00 8:45-1:15 Other: ___ to ___
Tuesdays PM 3:30-7:00 4:45-8:00 6:45-9:15 Other: ___ to ___
Wednesdays 2:30-6:00 4:00 -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, coworkers, etc.

Reference #1

Name _____
Relationship to you _____
Phone Number _____
Email _____

Reference #2

Name _____
Relationship to you _____
Phone Number _____
Email _____

(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.

Print Applicant Name: _____

Signature of Applicant: _____ Date: _____

Print Parent or Guardian Name: _____

Signature of Parent or Guardian: _____ Date: _____

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

Print Witness Name: _____

Signature of Witness: _____ Date: _____

Completed forms may be e-mailed to volunteers@littlebits.ca