



# Little Bits Therapeutic Riding Association for Persons with Disabilities

## Volunteer Application Form

Name: (first/last): \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone (Cell): \_\_\_\_\_ (Home): \_\_\_\_\_

Email: \_\_\_\_\_

Age: 12-14 years  14-18 years  Over 18 years

Are you bondable? YES  NO  (Bondable means you have NO criminal record)

Are you able to volunteer with people with disabilities? YES  NO

Do you have any medical conditions that we should be aware of? \_\_\_\_\_

Contact person in case of an emergency? \_\_\_\_\_

Telephone(s): \_\_\_\_\_

.....  
How did you hear about Little Bits as a place to volunteer? \_\_\_\_\_

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

Please list an additional skills or interest that you would like to share: \_\_\_\_\_

Do you have any experience with people that have disabilities: YES  NO

If yes, please describe: \_\_\_\_\_

Do you have any experience with horses: YES  NO

If yes, please describe: \_\_\_\_\_

Please return completed application to:  
LBTRA  
PO Box 29016 Pleasantview  
Edmonton, AB T6H 5Z6



# Little Bits Therapeutic Riding Association for Persons with Disabilities

## Availability (WINTER)

SUNDAY	<input type="checkbox"/> 9:30-12:15	<input type="checkbox"/> 11:45-1:15	<input type="checkbox"/> 12:45-3:15	<input type="checkbox"/> 9:30-3:15
WEDNESDAY	<input type="checkbox"/> 3:30-6:15	<input type="checkbox"/> 5:45-7:15	<input type="checkbox"/> 6:45-9:15	<input type="checkbox"/> 3:30-9:15

## Availability (SPRING & FALL)

SUNDAY	<input type="checkbox"/> 9:30-12:15	<input type="checkbox"/> 11:45-2:15	<input type="checkbox"/> 1:45-3:15	<input type="checkbox"/> 2:45-6:15	<input type="checkbox"/> 9:30-6:15
MONDAY	<input type="checkbox"/> 9:30-1:15				
TUESDAY AM	<input type="checkbox"/> 8:30-12:15	<input type="checkbox"/> 10:45-1:15	<input type="checkbox"/>		
TUESDAY PM	<input type="checkbox"/> 3:30-6:15	<input type="checkbox"/> 5:45-8:15	<input type="checkbox"/> 6:45-9:15	<input type="checkbox"/> 3:30-9:15	
WEDNESDAY	<input type="checkbox"/> 2:30-5:15	<input type="checkbox"/> 4:45-7:15	<input type="checkbox"/> 6:45-9:15	<input type="checkbox"/> 2:30-9:15	

## Availability (SUMMER)

SUNDAY	<input type="checkbox"/> 9:30-1:15	<input type="checkbox"/> 11:45-3:15	<input type="checkbox"/> 9:30-3:15
MONDAY	<input type="checkbox"/> 9:30-1:15	<input type="checkbox"/> 11:45-3:15	<input type="checkbox"/> 9:30-3:15
SUNDAY	<input type="checkbox"/> 9:30-1:15	<input type="checkbox"/> 11:45-3:15	<input type="checkbox"/> 9:30-3:15
SUNDAY	<input type="checkbox"/> 9:30-1:15	<input type="checkbox"/> 11:45-3:15	<input type="checkbox"/> 9:30-3:15
SUNDAY	<input type="checkbox"/> 9:30-1:15	<input type="checkbox"/> 11:45-3:15	<input type="checkbox"/> 9:30-3:15

## Reference

Name (first/last): \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone(s): \_\_\_\_\_

Please return completed application to:  
LBTRA  
PO Box 29016 Pleasantview  
Edmonton, AB T6H 5Z6