



6920 Concession 1, Puslinch, ON N0B 2J0 • 519-837-0558, ext. 31 • Fax 519-837-1233  
www.sunrise-therapeutic.ca • lynne@sunrise-therapeutic.ca

## SUNRISE VOLUNTEER APPLICATION

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### PERSONAL INFORMATION (please print)

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_  
yy mm dd

ADDRESS \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

TELEPHONE (Cell) \_\_\_\_\_ (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

STUDENTS: TEMPORARY ADDRESS (If applicable): \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_ Telephone \_\_\_\_\_

NAME OF SCHOOL / UNIVERSITY \_\_\_\_\_

FIELD OF EMPLOYMENT \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_

Please provide us with a contact name and number in case of an emergency:

Name \_\_\_\_\_ Telephone # \_\_\_\_\_ Relationship \_\_\_\_\_

Your Health Card # \_\_\_\_\_

### BACKGROUND INFORMATION

Please describe your previous volunteer experience

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Please describe your experience working with the disabled

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Briefly describe your horse experience

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Do you have Pony Club experience?  Yes  No If yes, level attained: \_\_\_\_\_

Do you have any coaching experience? \_\_\_\_\_

Do you have an Equine Canada coaching level?  Yes  No If yes, level attained? \_\_\_\_\_

Certificates Held: (i.e.) Lifeguard, CPR, First Aid, Sign Language . . . other?

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Please tell us about your interests/hobbies or skills:

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Please list any allergies, physical limitations, special needs, medical or health conditions.

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What do you hope to gain from your experience at Sunrise?

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What qualities do you bring to this volunteer position?

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### **HOW DO YOU WISH TO VOLUNTEER YOUR TIME? (Please check all that apply)**

**Therapeutic Riding:** Weekly Lessons \_\_\_\_\_ Weekend Barn Chores \_\_\_\_\_ Cleaning Tack \_\_\_\_\_

**Special Events:** Help on Event Day \_\_\_\_\_ I'd like to learn more about Event Committees \_\_\_\_\_

**House & Home:** Baking \_\_\_\_\_ Food Preparation \_\_\_\_\_ Housekeeping \_\_\_\_\_

**Technical:** Computers \_\_\_\_\_ Website \_\_\_\_\_ Photography \_\_\_\_\_ Office Support \_\_\_\_\_

**Property Maintenance:** Painting \_\_\_\_\_ Yard Work \_\_\_\_\_ Carpentry \_\_\_\_\_ Gardening \_\_\_\_\_

**Summer Camp:** Riding Lessons (Flexible 1 -2 hours / weekdays) \_\_\_\_\_

**How did you hear about SUNRISE?**

**Thank you for applying to become a Sunrise Volunteer!**

## REFERENCES

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Please give the name and telephone number of two people who will be prepared to act as references for you. They should not be members of your family, or close friends, but preferably someone you have worked or volunteered for or a teacher or a coach.

1. Name \_\_\_\_\_ Daytime Telephone # \_\_\_\_\_

Relationship \_\_\_\_\_ \*Email \_\_\_\_\_

2. Name \_\_\_\_\_ Daytime Telephone # \_\_\_\_\_

Relationship \_\_\_\_\_ \*Email \_\_\_\_\_

\*Email addresses for references are mandatory. Thank you.

I give Sunrise Therapeutic Riding & Learning Centre authorization to contact my references. If my application is accepted, I agree to abide by the policies and procedures in the Volunteer Manual and any other requirements that may be added.

I have applied for my police check. Volunteers under the age of 18 must sign an "Offence Declaration" provided by Sunrise.

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Signature

Date

**Questions or concerns?** Contact Lynne O'Brien, Operations & Volunteer Manager,  
[lynne@sunrise-therapeutic.ca](mailto:lynne@sunrise-therapeutic.ca), 519-837-0558, ext. 31

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**THIS SECTION FOR OFFICE USE ONLY** Start Date: \_\_\_\_\_

Check List	Date Completed
<input type="checkbox"/> Orientation	_____
<input type="checkbox"/> Training Clinic	_____
<input type="checkbox"/> Reference Check	_____
<input type="checkbox"/> Police Record Check	_____
<input type="checkbox"/> Computer Input	_____
<input type="checkbox"/> Received Volunteer Manual	_____
<input type="checkbox"/> Received Sunrise Pin	_____
<input type="checkbox"/> Evaluation by Volunteer	_____
<input type="checkbox"/> Exit Interview	_____

NOTES:

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**Sunrise Therapeutic Riding & Learning Centre hereafter known as SUNRISE**

**RELEASE AND INDEMNITY**

IN CONSIDERATION of being able to participate in programs offered by SUNRISE and other good and valuable consideration, I, \_\_\_\_\_ do hereby:  
(please PRINT your name clearly)

Remise, release and forever discharge **SUNRISE**, their successors and assigns from any and all manner of actions, causes of actions, suits, debts, claims and demands whatsoever, which against **SUNRISE** I ever had, now have or may hereafter have as a result of, or in any way arising out of, any accident of injury to me or any loss or damage to my property howsoever suffered or caused while I am participating in, or engaged in, any manner whatsoever in activities sponsored by, supported or endorsed by **SUNRISE** and including, without limiting the generality of the foregoing, any preparation, therefore, or transportation to or from any such activities; and agree to indemnify and save harmless **SUNRISE** from and against all claims, demands, losses, damages, cost, charges and expenses whatsoever which **SUNRISE** may sustain or incur by reason of being engaged in, or participation in, directly or indirectly, activities sponsored or endorsed by **SUNRISE**.

This Release and Indemnity shall be binding upon me and upon my next of kin, my heirs, executors, administrators, successors and assigns.

IN WITNESS HEREOF, I have hereunder set my hand and seal this

\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(day) (month) (year)

SIGNED, SEALED AND DELIVERED in the presence of:

\_\_\_\_\_  
**(Witness)**

\_\_\_\_\_  
**(Signature of individual)  
if over 18 years of age**

We, the undersigned, as parents or legal guardians of the above member, hereby join in the above Release and Indemnity on our behalf and on behalf of

SIGNED, SEALED AND DELIVERED in the presence of:

\_\_\_\_\_  
**(Witness)**

\_\_\_\_\_  
**(Signature of Parent/Guardian)  
if rider is under 18 years of age**



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## VOLUNTEER OBLIGATION

Because of the nature of this organization, we often obtain confidential information about riders, families, volunteers, and staff at Sunrise. It is essential that such information be kept in strictest confidence. Sunrise riders' affairs and conditions should never be discussed in public nor posted on social media.

In view of this information, I hereby pledge that I shall respect each rider's privacy, and it is further understood by me that should I not abide by this regulation, my work as a Sunrise Volunteer may be suspended or terminated.

## DRESS CODE

It is expected that volunteers will be neatly and appropriately dressed.

**FOOTWEAR:** When working with and around horses proper footwear is essential for safety. Volunteers are required to wear sturdy leather footwear that protects the whole foot (heels and toes), such as shoes, boots (short or long), or leather running shoes (not canvas). The following footwear is never acceptable as it is not safe when working around horses (grooming, leading, or side walking): sandals, flip flops, crocs, clogs or canvas running shoes.

Dress appropriately for the weather. Lessons may be in the outside ring or on the trails. For example, a sun hat in summer, long underwear in winter, and gloves - **hands must NEVER be in your pockets.**

For a professional appearance and for safety **long hair to be tied back and secured off the shoulders.**

- **Electronic devices including cell phones are not permitted** in the barn/arena.
- **Jewellery** such as necklaces and long earrings are not permitted when working around horses.
- **Chewing gum** is not appropriate when working with clients in the barn or arena. ○ **Gloves** are required to be worn by Volunteer Leaders for safety. ○ **Alcohol, drugs and smoking are prohibited on the property.**

## PHOTO RELEASE

The undersigned grants permission to take still and moving photographs and films to be used for the primary purpose of promoting and aiding the Sunrise Therapeutic Riding & Learning Centre and its work.

Regarding Photo Release: Yes  No

I have read, understand, and agree to abide by the above-mentioned policies.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_ Witnessed: \_\_\_\_\_