


**T.E.A.D. Equestrian Association for the Disabled**

8360 Leeming Road East, RR #3, Mount Hope, ON L0R 1W0  
 Tel: 905-679-8323 ext. 221 Fax: 905-679-1705 email:volunteer@tead.on.ca www.tead.on.ca

**VOLUNTEER REGISTRATION FORM**
**APPLICANT INFORMATION**

All volunteer information is held in strictest confidence and will be used only to match an individual to a suitable position and in the collection of statistical information.

<b>Name:</b> (Last)-		(First)-	
Address:			
City:		Province:	Postal Code:
Birthdate: __/__/__ (d /m /year)		Email:	
Phone: Home:		Work:	Cell:
Do you have a pre-existing injury or medical condition that would influence your time at TEAD? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details: _____			
Occupation: _____		Date of Last Tetanus Shot: _____	
If you take medications, please list: _____			

**EMERGENCY CONTACT**

Name:		Relationship:	
Home #:		Work #:	Cell #:

**HOW WOULD YOU LIKE TO BE INVOLVED?**

Please check appropriate box(s)

<input type="checkbox"/> Lessons –Leader & Side Walker -Groom & Tack	<input type="checkbox"/> Stable Maintenance	<input type="checkbox"/> Horse Care
<input type="checkbox"/> Newsletter	<input type="checkbox"/> Equipment Maintenance	<input type="checkbox"/> Board of Directors
<input type="checkbox"/> Special Events	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Committee
<input type="checkbox"/> Instructor (experience or training required)		

**REASON FOR VOLUNTEER PLACEMENT**

Please check appropriate box(s)

<input type="checkbox"/> OSSD Requirement	<input type="checkbox"/> Desire to Help Others	<input type="checkbox"/> Spare Time
<input type="checkbox"/> Community Involvement	<input type="checkbox"/> Develop Skills	<input type="checkbox"/> Personal Satisfaction
<input type="checkbox"/> Work Record	<input type="checkbox"/> Coop Placement	

How did you hear about TEAD?

...Please turn over..

For office use:  DB  MC  PC  Sch  Ref

**CONDITIONS OF VOLUNTEERING**



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As a volunteer of T.E.A.D. Equestrian Association for the Disabled, I will:

- Be punctual and arrive **1/2 hour before class** to assist with grooming & tacking up of horses.
- Notify the volunteer office, should I not be able to attend my volunteer shift.
- Wear correct appropriate attire, including boots or closed toed shoes, gloves for leaders.
- Abide by safety standards taught during the orientation and training.
- Read and be familiar with all hints, safety tips and universal hygiene precautions (posted).
- Respect the confidentiality of all riders, staff and fellow volunteers.
- Provide two references to T.E.A.D. (reference forms attached).
- Consent to a criminal record search and vulnerable sector screening (mandatory for volunteers 18 years and older).

**PHOTO RELEASE (OPTIONAL)**

I consent to authorize T.E.A.D.- Equestrian Association for the Disabled- the use and reproduction of any and all photography and/or audiovisual materials taken of me for promotional materials, educational activities, exhibitions, or for any other use for the benefit of the program.

I have read and understood the above conditions, and will abide by these.

Signature of Volunteer ↑	↑ Please Print Name	Date
Signature of Parent or Legal Guardian (if under 18)	Date	

**-Our Mission-**

*"T.E.A.D. is dedicated to enhancing the quality of life for children and adults with disabilities through a unique form of proven therapy with the use of horses".*