



# PARD Therapeutic Riding

## VOLUNTEER INFORMATION SHEET (confidential)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

Date of birth: \_\_\_\_\_

Do you have experience with individuals with disabilities?

\_\_\_\_\_

Do you have experience with horses?    Much            Some            Little            None

Occupation: \_\_\_\_\_

Other interest, talents, areas of expertise you might like to share with PARD?  
(i.e. computer skills, fundraising ideas, artistic talent etc.)

\_\_\_\_\_

Days/evenings you are available to volunteer: \_\_\_\_\_

Please provide two references – ideally individuals you have met through other volunteer commitments

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

In case of emergency please give:

1. Names of two people to contact

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Family Physician

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Health card number: \_\_\_\_\_

4. Allergies or medical conditions we should know about  
(i.e. asthma, diabetes, contact lenses):

\_\_\_\_\_

How did you hear about PARD? \_\_\_\_\_

Date volunteer commitment started: \_\_\_\_\_

Signature of volunteer: \_\_\_\_\_

All personal information given to PARD Therapeutic Riding (contact information, email addresses, etc) is used solely for PARD and will not be sold, traded or given to any unrelated third parties. PARD sincerely appreciates your interest and support and respects your privacy. Please refer to PARD's Privacy Policy for more information.

**PARD Therapeutic Riding**  
**P.O. Box 1654 Peterborough Ontario, K9J 7S4**  
**705 742 6441**