



Ph: 780-538-3211
Fax: 780-538-3683
Email: info@pards.ca
www.pards.ca
RR1, Site 24, Box 2
Grande Prairie, AB T8V 2Z8

Thank you for your interest in partnering with PARDS to ensure that our programs remain active and accessible. All volunteers of the PARDS organization are required to provide a criminal record check including a vulnerable sector check. We strive to match all of our volunteers with the opportunities which they are most interested in. Please complete the following application fully to enable us to reach all of the aforementioned goals.

Contact Information

Name: _____

Address: _____ City: _____ Postal Code: _____

Home Phone: _____ Cell: _____ Work: _____
(Only if we can contact you at work)

Email: _____
(Please list if you would like to receive correspondence by email)

Emergency Contact Information

Name: _____

Home Phone: _____ Work: _____ Cell: _____

Medical Information

Physician: _____ Phone: _____ AHC# _____

Do you have any allergies? Yes No

If yes, please list: _____

In case of emergency, I give permission to the Peace Area Riding for the Disabled Society to secure medical treatment as required including x-ray, surgery, hospitalization, and medication.

Signature: _____
(Parent/Guardian if under 18)

Date: ____/____/____
Month Day Year



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Availability Information
Fundraising and/or Administration Volunteer

I am available:

Daytime Weekdays Monday Tuesday Wednesday Thursday Friday
 Daytime Weekends Saturday Sunday
 On a Casual Basis Weekday Weekend
 Notes: _____

Evening Weekdays Monday Tuesday Wednesday Thursday Friday
 Evening Weekends Saturday Sunday
 On a Casual Basis Weekday Weekend
 Notes: _____

Areas I would like to volunteer for:

Fundraising:

- Bingos
- Casinos
- Annual Fund Ride/PEP Games
- Annual Dine & Dance
- Other fundraising events

Committees:

- Board of Directors
- Development
- New Facility
- Fund Ride/PEP Games
- Annual Dine & Dance

Other:

- Facility maintenance
- Administrative help
- Other (please specify): _____

Please list any other skills or areas of interest you would like to share with PARDS (e.g.: sign language): _____

Birthday: (month and day only) _____ I am: 14-17 18-60 60+

For Office Use Only

- | | | |
|-----------------------------------|------------------------------|-----------------------------|
| Current PARDS Member | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Police Record Check | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Attended Volunteering Orientation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |



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Release Form

Signing these releases is optional, but refusing to do so may exclude you from volunteering in certain areas of our program.

Liability Release

As a volunteer with the Peace Area Riding for the Disabled Society (PARDS) at Grande Prairie, Alberta, I acknowledge the risks and potential for risks of a horseback riding program. However, I feel the possible benefits to myself and the clients I work with are greater than the risk assumed. I hereby, intending to be legally bound for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against the Peace Area Riding for the Disabled Society (PARDS), its Board of Directors, Instructors, Therapists, Volunteers and Employees, for any and all injuries and/or losses I may sustain while participating in the PARDS program.

Name: _____ Signature: _____ Date: _____
(please print) (Parent/Guardian if under 18)

Witness Name: _____ Witness Signature: _____ Date: _____
(please print)

Photo Release

Please check one: I hereby consent
 I hereby do not consent

...to and authorize the use and reproduction by PARDS of any and all photographs and any other audiovisual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Name: _____ Signature: _____ Date: _____
(please print) (Parent/Guardian if under 18)

Witness Name: _____ Witness Signature: _____ Date: _____
(please print)

Volunteer Standards of Confidentiality

I recognize that my role as a volunteer with the Peace Area Riding for the Disabled Society (PARDS) may result in access to certain information about clients which should be treated as confidential. All information given to me by a parent, instructor, staff member, volunteer, or client in relation to a client, will be discussed only with the personnel of the Peace Area Riding for the Disabled Society (PARDS). At no time will I discuss any information about clients with other parents or any other individuals. I recognize that all material and papers pertaining to the client's care are legal documents, and that all information contained therein is confidential.

Name: _____ Signature: _____ Date: _____
(please print) (Parent/Guardian if under 18)

Witness Name: _____ Witness Signature: _____ Date: _____
(please print)