# TIREE EQUESTRIAN CIC Volunteer information Sheet

First Name……………………………………………………..…

Surname……………………………………….……………………………….……….

Date of Birth………………….………….....................................

Address………………………………………………………………………………………………………………………………..

………………………………………………………………...........................................................................................................

Email …………………………………………..……….……

Mobile………………………………………………………………………………….

# Emergency Contact:

1 Name……………………………………………..……. Number ………………………………………..…………..……

2 Name……………………………………………….…… Number………………………………………………….…….…

**Preferences:**

Please confirm if you would prefer to volunteer for activities where you may directly handle the horses or not (we have options for both)

YES  NO

Please confirm your availability

Mornings  Afternoons  Weekends

Please provide any other information that may be useful

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**Health:**

Please detail any disability or medical conditions that we should be aware of that could impact your ability to ride or handle horses or otherwise volunteer (e.g. Back problems, diabetes, epilepsy). We will try to accommodate you as much as we can but you may be asked not to ride if we feel it would be of significant risk to yourself, the horse or other users of our facilities.

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Do you have any allergies?.................................................................................................................................................

**Experience and references:**

Have you had any experience with horses?

YES  NO

If yes please detail...............................................................................................................

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As part of your application we may wish to obtain a character reference. Please provide details of someone we can contact (who should not be a family member)

Name ……………………………. Phone ………………………………

Address…………………………… Email……………………………….

For certain volunteer roles, we may require to check your details with Disclosure Scotland. Please confirm you

are happy for us to run this check.

YES  NO

**By signing below, I confirm that the information provided on this form is to the best of my knowledge complete and accurate. I understand that the information I provide will be processed and held in accordance with Tiree Equestrian CIC’s privacy policy.**

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If signed on behalf of a minor:

Volunteer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to minor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The Horse Riders’ Code of Conduct**

* I understand that riding at any standard has inherent risk and that all horses may react unpredictably on occasions.
* I may fall off and could be injured. I accept that risk.
* I understand that I may be injured through horses biting, kicking, trips, slips and/ or allergic reactions
* I understand that wearing an appropriate riding hat and body protector may reduce the severity of an injury should an accident happen and agree that I will always wear a riding hat while riding.
* I understand it is my choice whether or not I wear a body protector.
* I understand that Tiree Equestrian CIC will make decisions based on information I give them and agree to always be honest and volunteer information about:
  + My abilities and riding experience
  + Any previous riding accidents
  + And medical conditions(s) which may affect my ability to ride or volunteer
* I understand that competing carries enhanced risk over and above general riding and agree that if I chose to participate in any competition or event, it is up to me to ensure that I have the experience and ability to undertake the ridden tasks including any jumps which form part of it. If I am in doubt, I will use my judgment and experience and not enter.

**Acknowledgement of risk and our liability to you**

I understand that riding and handling horses has inherent risks and may cause injury including but not limited to bites, kicks, abrasions, injuries from falls, slips and trips and allergic reactions.   I understand that horses are unpredictable, and that riding is a dangerous sport that I undertake at my own risk. I accept that risk. I agree that save for death or personal injury caused by their negligence, neither Tiree Equestrian CIC nor its employees, owners or volunteers shall have any liability for any accident, loss, damage, injury or illness to riders, spectators, clients, or visitors or to their property, vehicles and their contents whilst at the premises of or whilst using the facilities or services of Tiree Equestrian CIC in any way regardless of how such loss or damage arises.

**By signing this form, I confirm that I have read, understood and accept the Horse Riders’ Code of Conduct and the acknowledgement of risk section above. I accept the risks set out.**

**Where I am signing on behalf of a minor, I have explained the Riders’ Code of Conduct to my child and we both accept the risk.**

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If signed on behalf of a minor:

Volunteer’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to minor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Permission to take and use photographs

If you are happy for us to take pictures of you (your child if under 18) for use on our website, social networking pages, and in newsletters or brochures please complete the following declaration.

If the volunteer wishes to bring their own camera/phone (at their own risk) we will happily take pictures for their personal record. Thank you.

I grant to Tiree Equestrian CIC the right to take photographs of me (my child) in connection

volunteer activities. I authorise Tiree Equestrian CIC its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Tiree Equestrian CIC may use such photographs of me without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature Address \_

Printed name \_ \_

Date \_

Signature, parent or guardian \_

(if under age 18)