WHAT IS THE COMMUNITY WELLNESS GROUP?

CWG is a group of local businesses who are committed to give back to the community by sponsoring at least 1 EAL Session per year. Our goal is to fund 156 one-on-one sessions in 2021 and 208 one-on-one sessions in 2022. These sessions are then given to individuals that meet the screening criteria.

To apply to become a client under the Equi-Soul Community Wellness Group, and be able to participate in several programs offered, please fill out the below application in full. Please do not leave any blank spaces, as we need as much information as possible to ensure you have the most positive experience with Equi-Soul.

APPLICATION

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name:** | | | **Sex:** M  F Other | |
| **Address:** | | | | **Date of Birth:** |
| **Phone #** | **Email Address:** | | | |
| **Do you identify as Indigenous or Ethnic Minority?**  Yes  No  **If Yes Nationality/Nations:** | | **Are you currently employed:** Yes  No  **If “Yes” are you employed:** Full-Time  Part-time  **What is your annual income: $** | | |
| **Marital Status:** Single  Married  Separated  Divorced  Common Law | | **Are you currently receiving Social Assistance?** Yes  No  **What type of assistance?** | | |
| **Have you been diagnosed with any mental health issues?** Yes  No | | **Do you have any physical ability issues that would interfere with you being interactive with a horse?** Yes  No | | |
| **Do you have supplemental insurance that can cover part or the entire cost of the program?**  Yes  No | | **Are you able to travel to the Kemptville, Burritts Rapids, South Mountain areas?** Yes  No  **Would transportation need to be arranged?** YesNo | | |
| **Tell us why you think you would benefit from participating in Equine Assisted Learning:** | | | | |
| **By completing my name on this application, I acknowledge that the above information is accurate and my name acts as my official signature** | | | | **Signature:** |