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

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| --- | --- |
| **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?** Yes[ ] No [ ]  |
| **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:**  |