



www.HorsesAdaptiveRiding.org

Dear Prospective Volunteer –

Thank you for your interest in supporting Horses Adaptive Riding and Therapy through our volunteer program. Our nonprofit organization was created to provide equine assisted therapy to adults and children from the Mid-Willamette Valley. Here are a few facts that you may be interested in.

- Our stable is located in Salem
- Our hours and days per week vary
- We prefer that you can make a commitment of at least 2 hours per week
- We need help with horse care and client services
- You must be 14 years old to volunteer without a parent or guardian
- Riding the therapy horses is rarely an option
- We believe in open communication and team work
- Our therapy horses are well trained, healthy and valued as a member of our team
- An instructor will always be present during the sessions
- No prior horse experience is needed
- Please review the job descriptions to help us find the best fit for you -

Please mail the completed application to:

HART
P.O. Box 121
Rickreall, OR 97371

If you have any questions please contact:
info@horsesadaptiveriding.org

Phone: 971.301. HART (4278)

EQUAL OPPORTUNITY - It is our policy to seek qualified persons and provide equal opportunity for the advancement of members and to administer all of our employment and volunteer policies in a manner that will not discriminate against any person because of race, color, religion, gender, age, marital status, military status, national origin, citizenship status, disability, or status as a disabled veteran or veteran of the Vietnam era or any other legally protected status unless it is a bona fide occupational/volunteer position reason necessary to the operation of our business. HART will make reasonable accommodation in the application process, if needed. This volunteer application does not constitute an employment contract.

VOLUNTEER JOB DESCRIPTION – CLIENT SERVICES

DESCRIPTION: To interact with and work alongside horses, ponies and clients while under the direct supervision of the instructor. To be able to provide emotional and/or hands-on supportive care to the clients as directed by the riding instructor. Clients are of various ages and sizes with various special needs and enrolled in one of the following programs; adaptive riding, hippotherapy, equine facilitated learning, or personal development.

HART goals related to this volunteer position: Be part of the 'team' of client, volunteers and horses functioning appropriately in a safe environment while challenging the client to grow and learn. Also, to ensure that each member, guest, volunteer and visitor receives the highest caliber of service in a totally non-discriminating, safe and caring environment.

REQUIREMENTS: This volunteer position requires a person to be able to work independently in a fast-paced, multi-tasking environment, with large, often unpredictable animals, while maintaining and projecting a sense of calm. The volunteer must be able to control and handle large horses without assistance and while ensuring the safety of the client. The work of this position is often carried out in extreme weather conditions including sun, heat, rain and cold temperatures. This job requires heavy lifting, twisting, stooping, reaching and constant walking for several hours per day in dusty and uneven terrain. This position often requires the volunteer to groom, tack-up or lead the therapy horses in preparation for a session, but only after the volunteer has received proper training. These duties are essential and necessary to the core operations of HART.

VOLUNTEER JOB DESCRIPTION – HOST/HOSTESS

DESCRIPTION:

- To interact with guests, clients and their families when they arrive;
- Answer questions to the best of your ability;
- Help guests and families stay in the waiting area or other safe areas of the farm;
- Assist the instructors with client preparation within your comfort level
- Ensure that all guests have signed liability waivers and other necessary paperwork

Clients are of various ages and sizes with various special needs and enrolled in one of the following programs; adaptive riding, hippotherapy, equine facilitated learning, or personal development.

HART goals related to this volunteer position: Be part of the HART team. To help guests feel welcome while helping them make good, safe decisions while on the farm. To ensure that each member, guest, volunteer and visitor feels welcome in our non-discriminating, safe and caring environment.

ADDITIONAL DUTIES: This volunteer position requires a person to enjoy people of all ages, backgrounds and abilities. To help keep the waiting/guest area clean and safe of debris. The host/hostess will have undergone a training session to help them feel comfortable with the details of the organization and the services and knowledge of safe practices in the barn environment. These duties are essential and necessary to the core operations of HART.

VOLUNTEER APPLICATION

Name _____ Date _____

Address _____

Contact Phone _____ 2nd contact phone _____

Email _____ Occupation _____

Date of Birth (year optional if you are over 21) _____

Name and Phone Number of parent or Guardian or emergency contact _____
_____ (relationship) _____

Height (check one) under 5'4" _____ 5'4 to 5'7" _____ 5'7" or above _____
(This is needed to help match volunteers with horses and participants)

How much time are you wanting to commit?
____ 2-4 hours per week ____ 6-8 hours per week other _____

What type of volunteering are you interesting in *(Please check all that apply)*
____ Working with Riders ____ Working with horses
____ Hosting at the barn ____ Board Committees
____ Other _____

Days & Hours you are available _____

No Experience is necessary, but please fill in the sections that apply to you
Your experience with horses _____

Your experience with people with special needs _____

Are you First Aid/CPR certified? _____
Are you willing to have a criminal background check performed? _____

(Signature – parent or guardian if a minor *Print Name)* Date _____

(Signature of volunteer) Date _____

Emergency Medical & Treatment Authorization

[In the event emergency medical and or treatment is required the undersigned authorizes Horses Adaptive Riding and Therapy to secure and retain medical treatment and transportation] (*check one*)

Participant Staff Volunteer

Name _____

Phone _____

Address _____

Physicians
Name _____ City _____

Health History:

Allergies (*please list*) _____

Medications (*please list*)

Consent Plan

The authorization includes medication, x-rays, surgery, hospitalization, and any treatment procedure considered 'life-threatening' by the attending physician. This provision will only be invoked if the person listed below is unable to be reached.

Emergency Contact: _____ Relationship _____

Home Phone _____ Cell Phone _____ Work Phone _____

Consent Signature _____ (*Parent or guardian if under18*)

Non-Consent Plan

I do not give my consent for emergency medical treatment in the case of an injury or illness. In the event emergency treatment is required, I wish the following procedures to take place:

Date: _____ Non-Consent Signature _____
(*Parent or guardian if under18*)

Assumption of Risk and Release of Liability

On behalf of myself _____, and/or, a minor child, I recognize that horseback riding is an inherently dangerous activity that can result in injury or death.

I hereby assume all risk in connection with being on or around horses at Horses Adaptive Riding and Therapy's activity sites and agree to release, defend, hold harmless and indemnify Horses Adaptive Riding and Therapy, its officers, directors, employees, staff and agents, licensees and invitees from all claims, damages, liabilities of judgments (including costs and expenses incurred in connection therewith) arising from injury, death, or damages to any person or property whatsoever arising out of or in connection with me or my minor child's use and occupancy of the premises and its facilities, whether or not the death, injury or damage is caused in whole or in part, by the act, neglect, fault of, or omission of any duty by me or my minor child.

Under Oregon Law, ORS 30.687 to 30.697, and Equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities

Signature of Adult: _____

Printed Name: _____

Date: _____

Signed on behalf of the following minors _____,
_____,
_____, _____

Photo Release

I consent to and authorize the use and reproduction by Horses Adaptive Riding and Therapy of any and all photographs, and any other audio-visual materials taken of me or my child for promotional material, educational activities, and exhibitions of for any other uses that benefit the program.

Date: _____

Signature of (volunteer or client): _____

Signature of Guardian: _____
(if volunteer or client is under 18)