

**Welcome to volunteering at R.I.D.E.**

Thank you for your interest in becoming a volunteer at R.I.D.E. As a volunteer you are an important part of our program. You will be helping out students receive therapy on horseback and get to have a lot of fun. Below we have listed our guidelines for you to follow and know about when you are volunteering here. We encourage you to ask questions while you participate. Your commitment is vital in the success of the program and it is greatly appreciated.

**VOLUNTEER FACTS:**

1. We need volunteers on Monday from 8am-4pm. You can come in shifts of morning or afternoon.

2. We keep track of your hours so you can use them for school, court, or other requirements.

3. You must be at least 12 years old or older to volunteer.

**HOW TO BECOME A VOLUNTEER:**

1. Fill out the attached registration for- turn it in to our office.

2. You will be called to attend our orientation and to set up your schedule.

**REQUIREMENTS OF A VOLUNTEER:**

1. RELIABILITY- We depend on you to arrive on the time you have been scheduled. If you are not able to make it please call at least a DAY AHEAD of time.

2. PUNCTUALITY-Please be ON TIME!

3. RESPOSIBILITY- You must be responsible- Get your tasks completed on time and in a safe manner.

4. HORSE KNOWLEDGE- Many volunteers have little or no experience with horses. R.I.D.E. is committed to teaching volunteers about the PROPER care and responsibility of horses.

**WHAT TO BRING AND WEAR:**

1. Sturdy and comfortable shoes, CLOSED TOED for safety.

2. We are in the sun a lot so please wear hats and sunscreen.

3. Please bring any drinks or snacks you want. We have a fridge.



**Volunteer Information and Release Form**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of parent(s) or guardian(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer Commitment: \_\_\_ May: \_\_\_ June: \_\_\_ July: \_\_\_ August: \_\_\_

Availability: Morning (8am-12) \_\_\_ Afternoon (12-4pm) \_\_\_ All Day \_\_\_

Do you have any physical limitations? \_\_\_\_\_ Please Specify: \_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any horse experience? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any experience with people with disabilities? \_\_\_\_\_\_\_\_\_\_\_

I agree and understand that all volunteering and any other activities engaged in with R.I.D.E. is solely at my own risk, and that R.I.D.E. is not liable for any injury which may occur to me while engaged in these activities, whether bodily injury or otherwise. I also give my permission to R.I.D.E. to provide me with any emergency medical care and to call medical personnel if necessary. I further agree to release R.I.D.E., its agents, and its employees from any and all liability for any injuries I sustain while volunteering or engaging on other activities. The undersigned hereby grant R.I.D.E. Therapeutic Horsemanship Program permission to take or have taken still or moving photographs of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. The undersigned also authorizes R.I.D.E. to use such photographs in its advertising, news media, brochures, pamphlets, and other instructional material. And I further agree to indemnify and old R.I.D.E. harmless as to all claims, actions, damages, costs, and expenses, arising therefrom,

Signature of volunteer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_

**Volunteer Waiver and Release of Liability**

In consideration of being allowed to participate in any way in the R.I.D.E., Therapeutic Horseback Riding Program, and related events and activities, the undersigned:

1. Agree that prior to participating, they each inspect the facilities and equipment to be used, and if they believe anything is unsafe, they will immediately advise the instructor or supervisor of such condition(s) and refuse to participate.

2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions but the actions, inactions or negligence of other, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.

3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.

4. Release, waive, discharge, and covenant not to sue R.I.D.E. Therapeutic Horseback Riding Program, it’s affiliated clubs, their respective administrators, directors, agents, coaches, instructors, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as “releases”, from any and all liability to each of the undersigned, his or her heirs, and next of kin for any and all claims, demands, losses, or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.

**THE UNDERSIGNED HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT THEY HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.**

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please print AND sign your name)