

SDTR Volunteer Application/ Registration Form



Name

First: _____ Last: _____

Are you 14 years or older? Y N

Address:

Street Address: _____

Address Line 2: _____

City: _____

State: _____

ZIP Code: _____

Primary phone number: _____

Check one:

___ Home

___ Work

___ Cell

Secondary phone number: _____

Check one:

____ Home

____ Work

____ Cell

May we have permission to send messages to you via text?

____ Yes

____ No

Additional phone number: _____

Check one:

____ Home

____ Work

____ Cell

Email: _____

Are you a member on Facebook? Y N

If yes, do members of SDTR have permission to contact you via Facebook regarding program updates?

Y

N

Most Recent Employment/School

Occupation:

Are you CPR and First Aid certified? Y N

Parent or Guardian Name (for volunteers under 18 year of age)

First: _____

Last: _____

Parent or Guardian Phone (for volunteers under 18 years of age):

Home: _____

Work: _____

Cell: _____

Reason for volunteering :

___ Personal Fulfillment

___ School Requirement

___ Court Required Community Service

Other: _____

How did you hear of SDTR?

___ Friend

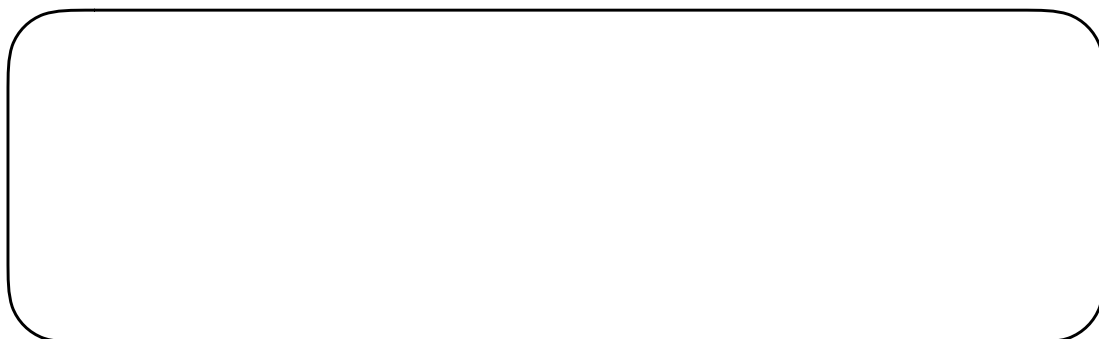
___ Relative

___ Newspaper: If so, which one? _____

___ Mailer

Other: _____

Please tell us about your experience with horses.



Please tell us about your experience with disabilities.

Your Volunteer Interests

**I AM INTERESTED IN VOLUNTEERING FOR THE RIDING PROGRAM
IN THE FOLLOWING WAY(S): ITEMS WITH AN * INDICATE AREAS
THAT REQUIRE ADDITIONAL TRAINING THROUGH SDTR BEFORE
PARTICIPATING**



Lesson Program Volunteer:

 Sidewalking

(Must be able to walk next to a horse for an extended period of time, jog short distances, and hold your arm above shoulder height to support a riders weight for the duration of lesson(s).)

 Horse Leading*

(Must have prior horse experience and gone through SDTR's Horse Leader Training Course)

Please indicate any disability, limitations, medications, or medical conditions that may affect your volunteer role, with or without reasonable accommodations.

Equine Program Volunteer

___ Horse care*

___ Feeding*

___ Cleaning paddocks, daily barn
chores, etc.

Facility/Farm Volunteer

___ General maintenance and
repairs

___ Carpentry

___ Equipment operation*

Office Volunteer

___ Data entry

___ Reception

___ General office support

___ Mailings

Summer - Summer Programs and Camps

___ Assists with day camp activities

Special Events & Fundraiser Volunteers

___ Serve on special events
planning committees

___ Provide assistance on the day
of the event

___ Baking/cooking

Special Skills Volunteer

___ Photography

___ Marketing/Community
outreach

___ Construction

___ Fundraising

___ Grant writing

___ Computers/IT

___ Graphic Design

VOLUNTEER AVAILABILITY

PLEASE TELL US THE DAYS AND TIME PERIODS YOU ARE AVAILABLE TO VOLUNTEER ON A WEEKLY BASIS.

Semester

Fall (Sept. - Dec.)
 Winter (Jan. - Mar.)
 Spring (Apr. - June)

Summer (Late June - August)
 Summer Camp (Late June -
Beginning of August)

Days of the week

Monday
 Tuesday
 Wednesday
 Thursday

Friday
 Saturday
 Sunday

Time Periods

Early morning (7am to 9am)
 Morning (9am to 12pm)
 Afternoon (12:30pm to 5pm)
 Evening (5pm on)

Ideally, we would like all of our Lesson Volunteers to commit to the same lesson(s) each week for a full semester

In addition to your day(s) and time(s) indicated, please check if you would like to be on the Volunteer Substitute list.

_____ Yes Please! _____ No Thanks

**PLEASE READ EACH OF THE FOLLOWING ITEMS
VOLUNTEERS 18 YEARS AND OLDER PLEASE COMPLETE THIS
PORTION**

**Reference & Background Check Information
ALL APPLICANTS ARE TO PROVIDE TWO REFERENCES, ONE
PERSONAL (FAMILY MEMBER, FRIEND ETC.) AND ONE
PROFESSIONAL (EMPLOYER, TEACHER, COACH, ETC.)**

Personal Reference:

Name: _____

Address: _____

Phone: _____

How do you know them?: _____

Professional Reference

Name: _____

Address: _____

Phone: _____

How do you know them?: _____

Please submit a copy of your driver's license or photo ID:

_____ Sent via mail

_____ Sent via email

If not submitted please indicate the reason:

Have you ever been convicted of a criminal offense or have a conviction pending, including any misdemeanors?

Yes

No

If yes, when?: _____

Please explain the nature of the offense.

I understand that SDTR will perform background checks on all new adult volunteers. The information on my volunteer application will be verified, and I give permission to make inquiry of others concerning my suitability to serve as a volunteer at SDTR.

Date: _____

Signature: _____

In Case of Emergency Contact



Emergency Contact Name: _____

Relation: _____

Phone: _____

Physician's Name: _____

Town: _____

Phone: _____

**Preferred Medical
Facility:** _____

Insurance Company: _____

Policy Number: _____

Please indicate any allergies: _____

Photo Release



I consent to and authorize the use and reproduction by Southern Delaware Therapeutic & Recreational Horseback Riding, Inc. of any and all photographs and other audiovisual material taken of me for promotional printed materials, educational activities, exhibitions, or for any other use of the program.

Signature: _____ **Date:** _____
(Parent/Guardian if volunteer is 17 years old or younger)

Affirmation



I understand that:

1. I authorize SDTR to contact the listed references.
2. In course of volunteering for SDTR, I may be dealing with confidential information about SDTR riders'/participants' medical information and I agree to keep said information in the strictest confidence.
3. The relationship between SDTR and volunteers is an "at will" arrangement and it may be terminated at any time without cause by either the volunteer or SDTR.
4. I grant SDTR permission to use my likeness, voice, and words in television, radio, film, or in any form to promote the activities of SDTR.
5. I am responsible for informing SDTR of ALL changes regarding information contained in this application.
6. In case of medical emergency, the undersigned authorizes SDTR to provide such medical assistance as they determine necessary.

I affirm that I have read and understand this application and that the information given is true and complete. I also understand that in the event false information is provided, I may be terminated from my volunteer position.

Signature: _____ **Date:** _____

Liability Release and Hold Harmless Agreement
PLEASE READ CAREFULLY BEFORE SIGNING. SERIOUS INJURY
MAY RESULT FROM YOUR PARTICIPATION IN THIS ACTIVITY.

A. REGISTRATION OF VOLUNTEER AND AGREEMENT PURPOSE AND CONSIDERATIONS-In consideration of my participation as a volunteer for SDTR and the signing of this agreement, I, the following listed individual and the parents or legal guardians thereof if a minor, do hereby voluntarily request and agree to participate in activities and events for SDTR. This agreement shall be legally binding up the PARTICIPANT and the parent or legal guardians thereof if a minor, my heirs, estate, assigns, including minor children and personal representatives. It shall be interpreted according to the laws of the state and country of SDTR's physical location. Any disputes by the rider shall be litigated in and venue shall be in the county in which SDTR is located.

B. INFORMATION ABOUT VOLUNTEER

Name: _____ D.O.B. _____ Age: _____

Address: _____

C. DEFINITIONS: The term "SDTR" shall herein refer to Southern Delaware Therapeutic Riding, Inc. its' Board of Directors, Instructors, volunteers, and employees. The term "HORSEBACK RIDING" or RIDING shall herein refer to riding or otherwise handling of horses whether from the ground or mounted. The term "HORSE" shall herein refer to all equine species. The term "PARTICIPANT" and/or "RIDER" shall herein refer to a person who rides a horse mounted or otherwise handles or comes near a horse from the ground. The terms "I", "Me",

“My”, “Participant” and “Rider” shall herein refer to the above volunteer and the parents or legal guardians thereof if a minor.

D. ACTIVITY RISK CLASSIFICATION, INHERENT RISKS AND NATURES OF THE HORSE WARNING: Horseback riding is classified as a RUGGED ADVENTURE RECREATIONAL SPORT ACTIVITY. There are numerous obvious and non-obvious inherent risks always present in such activity despite all safety precautions. According to NEISS (National Electronic Injury Surveillance Systems of United States Consumer Products) horse activities rank approximately 64th among the activities of people, relative to injuries that result in a stay at U.S. hospitals. Related injuries can be severe requiring more hospital days and resulting in more lasting residual effects than injuries in other activities. NO HORSE IS A COMPLETELY SAFE HORSE. Horses are 5-15 times larger, 20 to 40 times more powerful and 3 to 4 times faster than a human is. If a rider falls from a horse to the ground it will generally be at a distance of from 3 ½ to 5 ½ feet and the impact may result in injury or death of rider. Horseback riding is the only sport where one much smaller, weaker, predator animal, the human tries to control and become one unit of movement with another much larger, stronger prey animal, the horse, with each having limited understanding of each other. If a horse is frightened or provoked it may divert from its training and respond according to its natural survival instincts which may include but are not limited to: stopping short, changing directions or speed at will, shifting its weight side to side, bucking, rearing, biting, kicking or running from perceived danger.

E. VOLUNTEER ACCEPTANCE OF RESPONSIBILITY-PARTICIPANT AGREES that he/she has in some way satisfied him or herself that the condition of the premises and the facilities will provide adequate and reasonable level of safety for PARTICIPANT. THIS STABLE is not responsible for any property damage, injury, or loss incurred by or as a result of any horse(s) on the premises to PARTICIPANT. PARTICIPANT IS AWARE OF THE RISKS AND DANGERS OF THIS ACTIVITY AND AGREES TO ACCEPT RESPONSIBILITY FOR ANY AND ALL INCIDENTS OCCURRING DURING THIS ACTIVITY.

- F. **CONDITIONS OF NATURE:** SDTR is not responsible for total or partial acts, occurrences, or elements of nature that can scare a horse, cause it to fall or react in some unsafe way. **SOME EXAMPLES ARE:** thunder, lightening, rain and wind. Wild and domestic animals, insects, reptiles which may walk, run, fly, near, bite or sting a horse or person; and irregular footing on indoor and out of door groomed or wild land which is subject to constant change in condition according to weather, temperature, and changes in landscape.
- G. **ACCIDENTAL/MEDICAL INSURANCE-** Should emergency medical treatment be required, I and/or my own medical insurance company shall pay all such incurred expenses.
- H. **LIABILITY RELEASE-** In consideration of SDTR allowing my participation in this activity, under the terms set forth herein, I, the **PARTICIPANT** and the parent or legal guardian thereof if a minor, do agree to hold harmless and release, SDTR, its Board of Directors, instructors, agents, volunteers, employees, officers, members, affiliated organizations and insurers from legal liability due to SDTR's ordinary negligence. I do further agree that except in the event of SDTR's gross and willful negligence, I shall bring no claims, demands, actions, causes or action and/or litigation against SDTR and its associates as stated above in this clause, for any economic and non-economic losses due to bodily injury, death, property damage, sustained by while riding, handling, or otherwise near horses owned by or in the care, custody, and control of SDTR on the property for any reasons.
- I. **BREACH OF CONTRACT-** Should either party breach this contract, the breaching party shall pay for the other's court costs and attorney fees related to such breach.
- J. **ALL RIDERS, PARENTS OR LEGAL GUARDIANS OR AUTHORIZED AGENTS FOR SUCH PARTIES MUST SIGN BELOW AFTER READING THIS ENTIRE DOCUMENT.**

Statement of Awareness



I/We the undersigned have read and do understand the foregoing agreement, warnings, assumption of risk and release agreement. I/WE further attest that all stated facts are true and accurate.

Volunteers under the age of 18 must have Parent/Guardian Signatures.

Volunteer (Print Name): _____ Date: _____

Volunteer Signature: _____ Date: _____

Parent/Guardian (Print Name): _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

SDTR Volunteer Responsibilities and Duties

- This position is physically demanding and requires the ability to walk 45+ minutes in a sand arena and jog for short distances.
- May be asked to assist riders weighing up to 200 lbs.
- Willingness to be outdoors in many weather extremes.
- Ability to follow direction from a direct supervisor in a fast paced environment.
- Attend volunteer orientation, lesson observation, and any necessary trainings.
- Fully complete application with all required forms and provide two references.

RESPONSIBILITIES:

Lesson volunteers work under the direct oversight of an SDTR Instructor. Responsibilities include arriving 30 minutes prior to class start time; catching, grooming and tacking horses for scheduled lesson; dressing safely and appropriately; informing SDTR in a timely fashion of absences; following all agency policies and procedures; communicating questions, grievances, feedback, or concerns to Instructor or Volunteer Committee; following safety rules and regulations.

DUTIES:

- General

- Catch, groom and tack horse for lesson
- Promote rider independence and success
- Alert the instructor of any safety or health concerns
- Assist instructor in maintaining a safe environment and assist in an emergency

- Sidewalker

- Assist instructor during mounting and dismounting
- Communicate with rider when appropriate including verbal and non-verbal prompts
- Provide physical assistance and stabilization to the rider when directed or necessary
- Remains focused on assisting the rider

- Horse Leader

- Responsible for leading horse, walking alongside horse without a lead, and keeping a horse still and calm while mounting, dismounting, and standing.
- Horse Leaders must possess a basic understanding of horse behavior, demonstrate horse handling skills, and the ability to assess and address horse behavior.
- Communicate with instructor regarding any horse related questions or concerns

Southern Delaware Therapeutic Riding Attire

THE FOLLOWING ATTIRE IS REQUIRED BY ALL VOLUNTEERS. THIS IS FOR YOUR SAFETY AND THE SAFETY OF OTHERS

- “Dress for mess, but don’t dress a mess.” Be prepared to get dirty; however, be sure that your clothing is neat and tidy and weather appropriate. Dress in layers that can be removed or added as needed.
- Proper-fitting, closed-toed shoes that you can run in are required. Paddock boots, sturdy work boots or hiking boots preferable.
- Long pants are strongly recommended to protect you from bugs. When the weather warms up, modesty is important. Please avoid wearing spaghetti straps, short shorts, and low-cut tops.
- Be aware that rings and other jewelry can get caught up in lead ropes. Students may reach for hair, dangling earrings and chunky jewelry. Tie hair back and remove jewelry before coming to the barn.
- Wear your name tag, and preferably SDTR colors (Red and Black). If you don’t have a name tag, let us know, we will order one for you!