



Therapeutic Horsemanship
(864)871-1744

Volunteer Information Form

General Information

Name: _____ Home phone: _____
Address: _____ Work Phone: _____
_____ Cell Phone: _____
E-mail: _____ Date of Birth: _____

Would you prefer to volunteer for horse related activities or non-horse related lessons activities?

Are you willing to commit to a regular schedule of volunteering? _____

On which days and times can you volunteer? _____

Please briefly list any relevant experience you have working with horses or handicapped individuals.

Health History

Please describe your current health status, particularly regarding the physical/emotional demands of working in an equine assisted program. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalization/surgeries, or lifestyle changes.

Allergies:

Medications:

Please list any current **first aid** or **CPR** certifications: _____

I understand that the information provided above is accurate to the best of my knowledge. I know of no reason why I should not participate in this program.

Signature: _____ **Date:** _____

Background Information

Have you ever been charged with or convicted of a crime? No Yes, please explain:

I, _____ (volunteer/staff), authorize "Lets Saddle Up" to receive information from any law enforcement agency, including police and sheriff's departments of this state or any other state or federal government, to the extent permitted by state and federal law, pertaining to any conviction I may have had for violations of state or federal criminal laws, including but not limited to convictions for crimes committed upon children or animals.

I understand that such access is for the purpose of considering my application as an Employee/volunteer and that I expressly DO NOT authorize "Lets Saddle Up", its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization, or corporation.

Signature: _____ **Date:** _____

Current Driver's License Y N License Number _____ State _____

Photo Release- I hereby consent to and authorize the use and reproduction by Let's Saddle Up of any and all photographs and any other audiovisual materials taken of me/my child/my ward for promotional printed material, educational activities or for any other use for the benefit of the program. It is our policy, that names will not be attached to the photographs.

Date _____ Signature: _____

Confidentiality Agreement

I understand that all information (written or verbal) about participants at this center is confidential and will not be shared with anyone without the expressed written consent of the participant and their parent/guardian in the case of a minor.

Signature: _____ **Date:** _____

Liability Release

Under South Carolina law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in an equine activity resulting from an inherent risk of equine activity, pursuant to Article 7, Chapter 9 of Title 47, Code of Laws of South Carolina, 1976.

I understand that acting as a volunteer for "Lets Saddle Up", may be a high-risk activity and I am participating at my own risk. I do further release and hold harmless "Lets Saddle Up" and all members of their organizing committee, agents and employees, from all liability for accidents, damage, injury or illness suffered while acting as a volunteer for, or while being on the property of "Lets Saddle Up".

Signature: _____ **Date:** _____

Parent or guardian must sign if volunteer is under 18 years of age:

Signature: _____ **Date:** _____

Emergency Medical Authorization

Name (please print): _____
Physician's Name: _____ Phone: _____
Preferred Medical Facility: _____
Health Insurance Co.: _____ Policy#: _____
Emergency Contacts:
Name: _____ Relationship: _____
Phone: _____
Name: _____ Relationship: _____
Phone: _____

In the event emergency medical aid/treatment is required due to illness or injury while acting as a volunteer for, or whole being on the property of the agency, I authorize an adult associated with "Lets Saddle Up",

- 1. to secure and retain medical treatment and transportation on my behalf if needed*
- 2. to release my records upon the request to the authorized individual or agency involved in the medical emergency treatment.*

This authorization includes x-rays, surgery, hospitalization, medication and any treatment deemed "life saving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

Signature: _____ **Date:** _____

Parent or guardian must sign if volunteer is under 18 year of age:

Signature: _____ **Date:** _____



Volunteer Guidelines

Please understand that our main goal at the **Let's Saddle Up** Riding Program is to provide a safe and beneficial experience for our riders and volunteers. We ask your cooperation in adhering to the following requirements:

1. Complete and turn in all paperwork (Volunteer Application Form, Release Form, and Authorization for Emergency Medical Treatment). Questions about any of the forms should be directed to our Program Director, Sharron Dillard-864-871-1744.
2. Our riders benefit greatly from consistency in their support team, so (as much as we can do this) we are encouraging volunteers and riders to form a team for the entire Session.
 - a. If you can, also, be a substitute on a different day, please let us know.
 - b. If you have specific personal goals or new skills you wish to learn, let us know so we can help you to achieve your wishes.
- *3. At no time, should open toe shoes or sandals be worn. Please avoid dangling jewelry, which may be unsafe, and perfume, which can attract insects.
4. We and your team greatly depend on you! Always let your Program Director know if you cannot attend a lesson. The more advanced notice you can give us, the better able we will be to fill your slot for that lesson.
5. If you are allergic to insect bites, it is important that you bring medication each time you come to the farm.
- *6. Please, no gum chewing. It is dangerous for our riders to have anything in their mouths while riding, and as volunteers working with them; you'll be setting a good example for them.
- *7. For side walkers and leaders, please learn your job description. The better you understand your role, the better volunteer you will be and the better support you will be able to give your rider. As a reminder, leaders are responsible for the horses and side walkers are responsible for the riders. Try to avoid touching the horses face. Horses don't like that.
- *8. NO cell phone or personal items are to be carried or used during lessons.
- *9. Please help your rider stay focused by avoiding non-essential conversation during the lessons. Know what your rider's goals are to help in their attainment.
10. If you are uncomfortable with a given horse or team, please talk to the instructor. We want you to feel comfortable and happy and will endeavor to make necessary adjustments.
- *11. Do Not feed treats to the horses while they are working, waiting to be groomed or after the riders get off. Feeding treats by hand causes a problem with some horses starting to nip riders and volunteers. If you bring treat, make sure that the horse can have treats, (ask the owner), and then feed it from a bucket or on the ground.
- * 12. Please arrive **30** minutes before lessons begin so you can have horse ready for rider.
13. You will receive the weekly schedule by email either on Sunday or Monday. I don't have lessons on Sundays or Mondays. Lesson schedule is Tuesday- Friday, Saturday is for Makeup lessons.
14. We order our lime green shirts and hats as people request. T shirts are \$15, long sleeve t shirts \$18, sweatshirts \$23, and hoodies \$28. Shirts must be paid for before we place the order.