

Welcome to Special Equestrians!

As a non-profit organization, we rely on the dedication and hard work of volunteers on a daily basis. Thank you for your interest in becoming a valuable member of our team. In order to accomplish our goal of helping over 100 clients every week, we need volunteers to assist with:

- Leading and sideaiding in lessons
- Grooming, tacking and horse care
- Barn work
- Clerical work
- Special events

In this packet, you will find:

- A registration form and questionnaire, which includes liability releases
 - A schedule of our current volunteering needs
 - A schedule of upcoming orientation clinics
- Links and directions to download criminal and child abuse background check forms, which are mandatory for all volunteers

When you've filled out the questionnaire and started the criminal check process, it's time to get trained! Call the barn to schedule a training clinic that is convenient for you. At the clinic, you will receive:

- A tour of the facility and explanation of our program
- Training to work on tasks in the barn
- Instructions on how to groom, tack, and work with the horses
- Instructions on how to work in lessons as a leader and a sideaide.

Thank you again for considering Special Equestrians as a place to volunteer. We know you'll love it here! Feel free to call with any questions at 215.918.1001 x. 306.

Sincerely,

Diane Sampson
Volunteer Coordinator

Volunteer Training Schedule 2010

All sessions are on Sundays, 4pm – 7pm. Call 215.918.1001 x. 306 to reserve a spot! Registration forms and Criminal Background Checks must be completed and returned by the day of the training session.

Orientation Mandatory for all new volunteers
January 17
March 21
May 9
July 18
September 19
November 14

When Do We Need Volunteers?

<u>Day</u>	<u>Times</u>
Monday	8a - 10a (open barn) 3p - 7p
Tuesday	8a - 10a (open barn) 2:30p - 7p 6:30p - 7:30p (REINS)
Wednesday	9a - 1p (Youth Connections, not in summer) 3p - 7p
Thursday	8:30a - 1p 2:30p - 7p
Friday	8a - 10a (open barn) 2:30p - 7p
Saturday	8a - 3p 3p - 5p (close barn)
Sunday	8a - 10a (open barn) 3p - 5p (close barn)

You can come for a full or partial shift. Times in bold are when we need extra help!

To complete criminal and child abuse background clearances:

- 1) Download the "Request for Criminal Record Check" form from <http://www.dpw.state.pa.us/Resources/Documents/Pdf/FillInForms/statepolice-bkgd.pdf>
- 2) We recommend you mail the form to us, since we have an online account that lets us process the form much faster than you mailing it to the state. Print and fill out the form, and mail with a personal check for \$10 made out to "Special Equestrians". Mail it to:
Special Equestrians
ATTN: Tracey Dripps
2800 Street Road, PO Box 1001
Warrington, PA 18976
We will mail back your completed form, so you can continue with your child abuse clearance.
- 3) Download the "Pennsylvania Child Abuse History Clearance" form from <http://www.dpw.state.pa.us/Resources/Documents/Pdf/FillInForms/DPWchildabuse.pdf>
- 4) Print and fill out the form, and mail it to the address on the form with a certified check for \$10 and a copy of your completed criminal clearance.
- 5) When you have both forms, make copies for us and bring them to the barn to complete your volunteer file. Keep the originals for your records.

Special Equestrians Inc.
2800 Street Road , P.O. Box 1001
Warrington, PA 18976
Phone: (215) 918-1001 Fax: (215) 918-9080
www.specialequestrians.org E-mail: specialeques@verizon.net

Volunteer Registration and Questionnaire

Date: _____
Name: _____
Address: _____ State: _____ Zip: _____
Home Phone: _____ (Work or Cell): _____ D.O.B. (optional if over 18) _____
E-Mail: _____

If you are volunteering for graduation requirements or job credit, please briefly explain the program in which you are involved. We are only able to accept a certain number of interns and graduation project applicants each year. _____

Do you have any previous experience with horses? (PLEASE EXPLAIN) _____

Do you have any previous experience working with individuals with mental, physical, or emotional disabilities? (PLEASE EXPLAIN) _____

Are there any jobs you do not wish to do? _____

Please list any additional skills, training or talents you have which may be of use to our program. _____

How did you hear about our organization? _____

Is there any additional information you would like to know about our program? _____

What areas are you interested in helping with as a volunteer at this program?

- _____ **Barn Volunteers** (Cleaning Stalls, Feeding, Cleaning equipment etc...)
- _____ **Program Volunteers** (Grooming and tacking horses, assisting instructor, summer camp, etc.)
- _____ **Event and Fundraising Volunteers** (mailings, registrations, set-up, clean-up, solicitations, etc.)
- _____ **Office Volunteers** (mailings, filings, data entry, copying etc.)
- _____ **Landscape/Garden/Maintenance Volunteers** (sensory garden, weeding, property maintenance, etc.)

Please indicate the times and days of the week you are available to volunteer. We do not run lessons on Sundays.

Mondays: _____ Times: _____
Tuesdays: _____ Times: _____
Wednesdays: _____ Times: _____
Thursdays: _____ Times: _____
Fridays: _____ Times: _____
Saturdays: _____ Times: _____
Sundays: _____ Times: _____ 8am – 10am _____ 3pm – 5pm

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RELEASE AND HOLD HARMLESS AGREEMENT (MANDATORY)

"You assume the risk of equine activities pursuant to Pennsylvania Law."

The program at **SPECIAL EQUESTRIANS, INC.** provides therapeutic riding and hippotherapy for disabled children and adults. Volunteers and horses are carefully selected and trained and safety equipment is required for all clients/riders since horseback is a risk exercise.

No participant will be accepted for riding services and no volunteer accepted for service until this form has been **READ, UNDERSTOOD, COMPLETED AND SIGNED** by the parent(s) or guardian(S) of a minor, or if the participant or volunteer is of legal age and sound mind, by the participant or volunteer.

Although participation in the program is under strict supervision and every effort is made to avoid injury or accident, the undersigned acknowledges the inherent risks involved in riding and working around horses. This includes bodily injury from horseback riding or being in close proximity to horses. Among other risks, both horse and rider can be injured in normal use or in competition and schooling.

I acknowledge the risks and potential for injury that may occur with the activities of horseback riding and working around horses, and I have discussed these risks with my child/and his/her/my physician. However, I feel that the possible benefits to myself/son/daughter/ward are greater than the risk assumed. Therefore agree to be legally bound for myself(or for my son/daughter/ward) heirs, executors or administrators and do hereby agree to release, hold harmless and indemnify **SPECIAL EQUESTRIANS, INC.**, its Board of Directors, Instructors, Therapists, Aids, Volunteers, Employees and the Township of Warrington, its Employees, Supervisors and Associates harmless of any claim for loss, injury or damages of every kind and nature whatsoever while at the **SPECIAL EQUESTRIANS INC.**, facility located on 2800 Street Rd. in Warrington, PA. 18976 or while off the property in conjunction with a **SPECIAL EQUESTRIANS, INC** event or show.

Date _____ Participant/Volunteer Name (Print) _____
Print Parent/Guardian Name (If Applicable) _____
Relationship to Participant _____

Participant/Volunteer Signature (if over 18) _____ **Date** _____
Parent or Guardian Signature (if under 18) _____ **Date** _____

Photo/Website Release

- I do
- I do not

Consent to and authorize the use and reproduction by Special Equestrians, Inc. of any and all photographs and audio-visual materials for promotional printed/web purposes, teaching seminars, and exhibition display.

Participant/Volunteer Signature (if over 18) _____ **Date** _____
Parent or Guardian Signature (if under 18) _____ **Date** _____

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Authorization for Emergency Medical Treatment

In the event emergency medical aid/treatment is required, due to illness or injury, during the process of receiving services or while being on the property of the agency, I authorize Special Equestrians to:

1. Secure and retain medical treatment and transportation, if needed
2. Release client records upon request to the authorized individual or agency involved in the emergency medical treatment.

Name: _____ Phone: _____

Address: _____

In an Emergency:
Contact: _____ Phone: _____

Physicians Name: _____ Phone: _____

Preferred Medical Facility:

Health Insurance Co: _____ Policy #: _____

Please check one option listed below:

I do give consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency. This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life-saving" by the physician. This provision will only be invoked if the person below is unable to be reached.

I do not give consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency. In the event emergency treatment/aid is required, I wish the following procedures to take place: _____

DATE: _____ **CONSENT SIGNATURE:** _____

Print Name: _____

Confidentiality Agreement

Special Equestrians shall preserve and respect the right of confidentiality for all individuals in our therapeutic riding and driving program. The volunteers and staff of Special Equestrians must keep confidential any and all medical, social, referral, personal, and financial information regarding individuals and their families in our program. The Executive Director of the program will address any breach of confidentiality.

I, _____, understand and agree to abide by the confidentiality policy of Special Equestrians.

Signature: _____ **Date:** _____

Parent or Guardian Signature (if under 18): _____ **Date:** _____