



The CENTER for Therapeutic and Educational Riding, inc.
A 501 (c)(3) Nonprofit Organization
3491 Harris Road Townsend, DE 19734 • 302-376-9594

Volunteer Packet

In order to assist us with our goal of providing a safe and beneficial experience for our riders and volunteers, please familiarize your self with the following rules and regulations:

1. It is imperative that all paperwork is complete and turned in within two weeks of your first volunteer day. If you are a minor, please have your parents sign each page of this packet.
2. Arrive 15 minutes before your first volunteer assignment. This will give you a chance to talk to the instructors and the other volunteers with whom you are working. Be sure to introduce yourself to any new riders that you are working with.
3. As a representative of The CENTER, it is important that you present yourself in a professional manor and appearance.
4. Please wear proper attire at all times!! No open toe/ open back shoes/ or sandals at any time. Dangling earrings and jewelry are unsafe and should not be worn.
5. All Volunteers must go through an orientation for working directly with the horses with an assigned staff member of The CENTER. Until otherwise stated volunteers **ARE PROHIBITED** to enter any pastures or fields. Please note this is for your safety!
6. All volunteers must go through an orientation review annually and up-date their volunteer information packet.
7. Remember as a volunteer, whether as a side-walker or leader, you are responsible for a safe session and the safety of the rider always comes first. As a leader your sole responsibility and concern is for the horse **NOT** the rider. As a side-walker your sole responsibility and concern is for the rider **NOT** the horse.
8. **NEVER** allow or assist the rider is mounting or dismounting until the instructor is present.
9. Prior to the start of the lesson, be sure to assess whether you will be able to properly assist the instructor and rider (ie: is the rider to heavy or have a disability in which you are uncomfortable in assisting with the lesson.) If this is the case do not hesitate to notify the instructor.
10. Familiarize yourself with locations of phones, emergency phone numbers, the address and directions to the farm, fire extinguishers, first aid kits, and emergency drill procedures.

Confidentiality Agreement

I understand that any/all information (written or verbal) about participants at The CENTER is confidential and will not be shared with anyone without the express written consent of the participant and/or their parent/guardian.

Signature of Volunteer:

Date:

Printed Name of Volunteer:

Signature of Parent/Guardian

Date:



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General Volunteer Information

Volunteer's Name: _____ Date of Birth: _____

Best Contact Phone No: _____ Email Address: _____

Home Address: _____

Name School: _____ Grade: _____

Place of Employment: _____

If You are under the age of 18 Name of Parent/Guardian & Address (if different than above) _____

Mother Cell: _____ Father's Cell: _____

Check **All** Which You are Interested:

- Horse Handling
- Volunteer Coordinator
- Activities Coordinator
- Leading Horses
- Side-walking with Riders
- Fund Raising Committee
- Volunteer Recruitment

Preferred Volunteer Day & Time

	AM	PM
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

PHOTO RELEASE

I DO DO NOT consent to and authorize the use and reproduction of any and all photographs and/or any audio/visual materials taken of me for promotional material, educational activities, exhibitions or any other use for the benefit of The CENTER. _____

Signature of Client/Parent/Legal Guardian

Date

BACKGROUND INFORMATION

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

I, _____ (your name) authorize The CENTER to receive information from any law enforcement agency, including police/sheriff's departments of the State of Delaware or any federal government to the extent permitted by state & federal laws, pertaining to any convictions I may have had for volitions of state or federal criminal laws, including but not limited to convictions for crimes committed. I understand that such access is for the purpose of considering my application as a volunteer/employee, and that I expressly DO NOT authorize The CENTER or any of its personnel to disseminate this information in any way to any other individual, group, agency, organization or corporation. Do you have a current Drivers License? No Yes- License No./State _____

Signature of Volunteer: _____

Date: _____

Signature of Parent/Guardian: _____

Date: _____



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Authorization for Emergency Medical Treatment Form

Participant Staff Volunteer

Name	DOB	Phone
Address		City, State, Zip
Physician's Name		Preferred Medical Facility
Health Insurance Company		Policy Number
Allergies to Medications		
Current Medications		

In the event of an emergency contact:

1 st Contact- Name	Relation	Phone
2 nd Contact- Name	Relation	Phone

You must select and sign one of the Consent plans below in order to participate

CONSENT PLAN for 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 The CENTER 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 medical emergency treatment.

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

Consent signature of Parent/Legal Guardian	Date
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NON-CONSENT PLAN for Medical Treatment

I DO NOT give my consent for emergency medial treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency.

- Parent or legal guardian will remain on site at all times during equine assisted activities
- In the event emergency treatment/aid is required, I wish the following procedures to take place:

NON-CONSET Signature of Parent/Legal Guardian/Self	Date
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Release

In Consideration of the acceptance of my child, children or self for participating in riding instruction and/or therapeutic riding, the undersigned parent/guardian/self agree to hold *The Center for Therapeutic and Educational Riding, Inc.*, its employees, agents and assistants harmless from any claim for damages arising out of any injury sustained by said child, children or self. *This must be completed & signed in order for clearance to participate in any way.*

Name of Volunteer

Date of Birth

Signature of Parent/Legal Guardian/Self

Date

Printed Name of Parent/Legal Guardian/Self

Home Address

Emergency Contact & Phone Number

“Warning- under the Delaware Law, an equine professional is not liable for an injury or the death of a participant in equine activities resulting from the inherent risks of equine activities pursuant to Delaware Code, Title 10, Section 8140.”