

H.O.R.S.E.S., Inc.
Therapeutic Horseback Riding Center
1210 Wadesboro Rd.
Dexter, Ky.
42036
270-437-3881

Dear Prospective Volunteer,

We are so excited you have shown an interest in working with H.O.R.S.E.S., Inc. Therapeutic Horseback Riding Center. Volunteers are a vital part of this program and without them the program could not exist. Enclosed you will find a volunteer packet to be completed and returned to H.O.R.S.E.S., Inc. at the above address. Please return the packet as soon as possible to be eligible to assist during class.

We are offering to this community a quality and safe program and much of this depends on our volunteers. A solid commitment is necessary for the times you are scheduled to work. When a rider or parent schedules a class, I will give volunteers a call. If they are available, that's great, but if not we will go to the next available volunteer. You may want to volunteer for all the classes of a particular student or pick the classes that fit your schedule. Once you commit to a day and time, DO NOT cancel unless an emergency occurs. NEVER SKIP A CLASS you are scheduled to work because we are counting on you and if you do not show up, a rider may be unable to participate in their lesson.

If you are unable to assist during lessons, there are many other ways you can help. The horses are worked with daily, they need to be groomed daily, equipment care is needed, and office work and fundraising are just a few ways to help. We would love for you to help in any way possible.

We appreciate your interest and look forward to working with you. Your experience will be rewarding and satisfying, leaving you with a good feeling about persons with disabilities and their capabilities. Thank you for your commitment.

Sincerely,

Joy Winebarger, Executive Director

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Volunteer Information

- Volunteers arrive at least 15 minutes prior to lesson.
- A Volunteer receives the student when they arrive. Do not allow parents or siblings in the lesson area.
- Volunteers assigned to students will assist them with proper equipment and activities throughout the lesson.
- After the lesson is completed, the volunteer will assist the student to their guardian or vehicle.
- Feel free to discuss any questions or comments with the instructor before or after the class.
- The student is not to enter the barn or class area unless accompanied by an instructor, designated volunteer or H.O.R.S.E.S., Inc. staff person.
- No smoking or chewing tobacco on premises.
- Volunteers must be at least 14 years of age and physically fit to walk approximately an hour and jog occasionally.
- Please give H.O.R.S.E.S., Inc. 24 hours notice of a cancellation of a lesson you are scheduled.
- Inform us of any concerns or injury occurring on the premises immediately.
- Special announcements are posted on the board just inside the barn.
- Always check in with your instructor when you arrive to get your job assignment.
- An orientation will be scheduled prior to the first lesson and you must attend.
- Please dress appropriately. This means no sandals or revealing attire. Tank tops are ok.

Weather

In case of inclement weather, contact H.O.R.S.E.S., Inc. at 270-437-3881 or 270-227-4941 to see if classes have been canceled. Always call to be sure of a cancellation because it may not be lightning at the barn and classes will be held.

Scheduling

Please let me know of your availability for classes. We will make every effort to accommodate you but must also work around the rider's schedule. When a new student is added to a class I will begin calling volunteers to check on your availability. I will try to give you as much notice as I can.

Directions to H.O.R.S.E.S., Inc.

We are located off 641 halfway between Benton and Murray. From 641 take Wadesboro Road (across 4 lane from 1346 that goes into Dexter). Go 1.2 miles down Wadesboro Rd. We are the last house on the right (before you get to the 2 ponds and the stop sign). Turn on the gravel road beside our sign. This will take you to the barn.

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Name _____ Date _____

Address _____

Phone _____ E-mail address _____

Occupation _____ Employer _____

How did you hear about H.O.R.S.E.S., Inc.?

What would you like to achieve by volunteering for H.O.R.S.E.S., Inc.?

Do you have any physical limitations? If yes, explain:

What horse experience do you have? (None is required)

Do you have any experience working with persons with disabilities?

List your hobbies, special skills and interests.

When are you available?

Are you interested in working in other areas?

Office Work _____ Fundraising _____ Equipment Care _____ Horse Schooling _____

Creative Engineering (artwork, activities) _____ Photography/Video person _____ Other _____

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IN CASE OF EMERGENCY CONTACT:

Name _____ Relationship _____

Home Phone _____ Work Phone _____

Address _____

Physician _____ Phone _____

Preferred Hospital _____

In case of emergency, I give permission to H.O.R.S.E.S., Inc. to secure medical treatment including x-ray, surgery, hospitalization and medication.

Date _____ Signature _____

PHOTO RELEASE

I consent to and authorize the use and reproduction by H.O.R.S.E.S., Inc. Therapeutic Horseback Riding Center of any and all photographs and any other audio-visual materials taken of me for promotional material, educational activities, and exhibitions or for any other use for the benefit of the program.

Date _____ Signature _____

VOLUNTEER LIABILITY RELEASE

WARNING

Under Kentucky law, a farm animal activity sponsor, farm animal professional or other person does not have the duty to eliminate all risk of injury of participation in farm animal activities. There are inherent risks of injury that you voluntarily accept if you participate in farm animal activities.

As a volunteer at H.O.R.S.E.S., Inc. Therapeutic Horseback Riding Center, I acknowledge the risk and potential for risks of a horseback riding program. However, I feel that the possible benefits to me and the clients I work with are greater than the risk assumed. I am aware that horses can kick, bite, and throw riders or otherwise cause injury to riders or other persons in the vicinity. I am aware that horses can act in accordance with their own will. I am aware that horseback riding or working in close proximity with horses is a hazardous activity and am voluntarily participating in this activity with knowledge of the danger involved and accept any and all risks of injury. I hereby, intending to legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against H.O.R.S.E.S., Inc., its board of directors, executive directors, instructors, therapists, volunteers and/or employees for any and all injuries and/or losses I may sustain while participating in H.O.R.S.E.S., Inc.'s therapeutic horseback riding program.

Date _____ Signature _____

Signature of Parent/Guardian if minor _____

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AUTHORIZATION FOR RECORD CHECK

I, _____
(Print first, middle and last name)

living at _____
(Address)

do hereby authorize any lawful enforcement agency to which this request is directed to search their police records for any arrest, conviction, or information they have regarding me and to make this information available to H.O.R.S.E.S., Inc. Therapeutic Horseback Riding Center for which I have applied to perform volunteer work.

Signed _____ Date _____

Signature of Person requesting above _____

My description:

Date of Birth _____ Eye Color _____ Hair Color _____

Height _____ Weight _____

Scars, Marks, or Tattoos _____