

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.
- 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

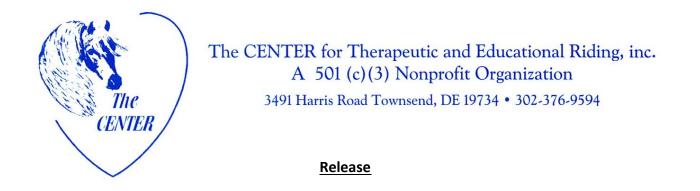
I understand that any/all information (written or verbal) about participants at The CENTER is confidential and will not be shared with anyone without the express written consent of the participant and/or their parent/guardian.

Signature of Volunteer:	Date:		
Printed Name of Volunteer:			
Signature of Parent/Guardian	Date:		

The CENTER for Therapeutic and Educational Riding, inc. A 501 (c) (3) Nonprofit Organization 3491 Harris Road Townsend, DE 19734 • 302-376-9594 General Volunteer Information				
Volunteer's Name:	Date of Birth:			
Best Contact Phone No: Email Addres	s:			
Home Address:				
Name School:	Grade:			
Place of Employment:				
If You are under the age of 18 Name of Parent/Guardian & Add	dress (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 PHOTO RELEASE I DO DO NOT consent to and authorize the u audio/visual materials taken of me for promotional mater the benefit of The CENTER. Signature of Client/Parer	Preferred Volunteer Day & Time AM PM Monday			
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 Pate:				
Signature of Volunteer:	Date:			
Signature of Parent/Guardian:	Date:			

A Base		-		ational Riding, inc.				
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CENTER	3491 Harris Road Townsend, DE 19734 • 302-376-9594							
CENTER /	Authorization for Emergency Medical Treatment Form							
\checkmark	Participant	Staff		Volunteer				
Name	DOB		Phone					
Address		City, State, Zip						
Physician's Name			Prefer	ed Medical Facility				
Health Insurance Company		Policy Number						
Allergies to Medications								
Current Medications								
In the event of an emergenc	y contact:							
1 st Contact- Name		Relation		Phone				
2 nd Contact- Name		Relation		Phone				
You mus CONSENT PLAN for Medical	t select and sign one of t Troatment	he Consent plans be	elow in order to	participate				
In the event emergency med services, or while being on th 1. Secure and retain	lical aid/treatment is req ne property of the agenc in medical treatment and cords upon request to th	y, I authorize The Cl d transportation if n	ENTER to: eeded					
This authorization includes x saving" by the physician. Th	-ray, surgery, hospitaliza			-				
Consent signature of Parent/	′Legal Guardian		Date					
NON-CONSENT PLAN for Me I DO NOT give my consent fo receiving services or while be Parent or legal guardian In the event emergency	r emergency medial trea eing on the property of t will remain on site at all	he agency. times during equine	e assisted activi	ties				
NON-CONSET Signature of Pa	arent/Legal Guardian/Se	If	Date					

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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 aggress 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."