

Today's date: _____



PIKES PEAK
THERAPEUTIC
RIDING CENTER

Pikes Peak Therapeutic Riding Center

13620 Halleluiaah Trail Elbert, CO 80106
(Phone) 719-495-3908 (Fax) 719-494-1689

volunteer@pptrc.org

Volunteer Registration and Release Form - Please Print (This form will be updated once a year. Please contact us with any changes throughout the year)

Please mark those categories that apply:

NEW volunteer _____
Returning volunteer _____
Parent of rider _____
Parent of youth volunteer _____
Other _____

For OFFICE USE only:

___ Volunteer Orientation Date _____ Date _____
___ Entered into Outlook
___ Attended Continuing Education Date _____
___ Other

Name _____

Phone (H) _____ **(Cell)** _____ **(Wk)** _____

Street Address/Apt # _____ **City** _____ **State** _____ **Zip** _____

E-mail _____ **Birthdate** _____

Employer/School _____

Name of Parent/Caregiver/Guardian _____ **Phone** _____

How did you learn about the program?

___ Newspaper _____ (which one) ___ School ___ Radio ___ NARHA
___ PPTRC website ___ Flyer _____ (where) ___ Friend/Family ___ Volunteer Fair ___ Other

Other non-profit agencies you have worked/volunteered for: _____

Horse Experience: ___ None ___ Minimal ___ Moderate ___ I owned/currently own a horse

Are you able to walk for 45 minutes and jog short distances? ___ YES ___ NO

Do you have any health issues or physical limitations we should be aware of (ex; lifting weight limit, allergies, breathing etc?)

Our volunteers help during their volunteer time by preparing horses for class, grooming, sidewalking, leading, mucking stalls, cleaning the barn etc. Please mark any other areas below that you are willing to help with if the occasion arises:

___ **Substitute List** (will receive weekly e-mails with our substitute needs for the following week's classes)

___ **Facility maintenance** (barn work, repairs, snow removal, mowing, upgrade projects)

___ **Special Events** (fundraisers, Special Rodeo, Special Olympics, volunteer orientations)

___ **Office work** (mailings, data entry, filing, phone calls, photo/video)

___ **Other:** Please list any skills, talents or abilities that might be helpful to PPTRC: _____

Code of Ethics and Volunteer Job Description:

Volunteers are the Heart and Muscle of our program. As a volunteer it is important that you understand and accept the responsibilities of being a volunteer. Please read the responsibilities listed below and sign if you agree to follow these guidelines.

As a volunteer I WILL:

1. Listen and follow the directions of the Instructor at all times
2. Respect my fellow volunteers, riders, horses, staff and guests
3. Respect and support the decisions of staff and instructors in regard to the success of the program
4. Learn and stay well informed of Policies and Procedures
5. Actively participate in offered volunteer trainings
6. Help curtail any negative conversations or rumor related comments
7. Focus on the mission and needs of the organization not my own needs
8. Keep safety for myself and others in mind at all times
9. Always strive to be a more effective volunteer
10. Report ANY occurrences to the instructor immediately

The two main responsibilities of our volunteers are sidewalkers and horse leaders.

SIDE WALKERS are responsible for the safety of riders. You help get horses ready for class, and assist your rider with helmeting and mounting. You guide your rider safely as he or she gets to know and care for the horse. During the class itself, your job is to prevent the rider from falling off, but NOT to hold him or her on the horse. Your instructor will give you directions on what type of hold to use with each rider.

- If a rider needs two side walkers, one will speak to the rider, reinforcing Instructor's directions and offering encouragement. The other side walker will remain silent to avoid confusion.
- Be sure not to lean on the horse or rider, as it can disturb the rider and the horse.
- Always keep your attention on the rider. Never become so relaxed that you are not aware of the rider, horse, leader, instructor and the activities around you.

HORSE LEADERS are responsible for the horse's safety and control at all times. You reinforce rider's signals to the horse and maintain proper distance from other horses in the class while walking, changing directions, and passing. You don't interact directly with the rider; that is the side walker's job. This role takes extensive horse experience, and if you are new to horses you will be assigned to sidewalk first. But do not hesitate to let us know if you want to learn to lead as well, and we can train you as you go.

- Keep a minimum of two horse lengths between your horse and the horse in front of you.
- Always lead the horse, just behind the horse's head, holding the lead line. Make sure the lead rope is between the reins, not over them.
- Make turns slowly. Allow space for the side walkers when next to a fence or obstacle.

Before/After Class Duties: (We ask that you please be flexible in helping with any and all duties as needed)

Water the indoor arena

Sweep concrete aisles

Clean stalls and runs

Rake chaff hay and put in pasture

Fill horse water buckets

Clean/sweep volunteer room/bathroom

Wipe down saddles/bridles

(Other duties as needed)

As a PPTRC volunteer I agree to adhere to and be responsible for maintaining the above code of ethics and understand my responsibilities as a volunteer.

Signature of Volunteer _____

Date _____

Printed Name _____
Colorado Equine Law - Warning

Under Colorado Law, an equine professional is not liable for an injury to or the death of participant in equine activities resulting from the inherent risks of equine activities pursuant to Section 13-21-119, Colorado Revised Statutes.

I would like my **child/ward/self** (print name) _____ to participate in the Pikes Peak Therapeutic Riding Center program. I acknowledge the risks and the potential for the risks of horseback riding and working with horses. However I feel that the possible benefits to my **child/ward/myself** are greater than the risk assumed. I hereby intend to be legally bound for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Acts 19:11 doing business as Pikes Peak Therapeutic Riding Center, its Board of Directors, Instructors, Therapists, Aides, Volunteers, and/or Employees, for any and all injuries, death, property damage and/or losses my **child/ward/I** may sustain while participating in Pikes Peak Therapeutic Riding Center activities. *I have been briefed on program policies and emergency procedures. I understand that non-compliance with the terms stated therein is grounds for suspension from and/or relief from my duties as a member of the PPTRC Volunteer Corps.*

Volunteers are required to report any occurrences to Staff and Instructors whether it results in an injury or not. Examples include fires, natural disasters, crises arising out of misconduct, or other situations posing serious threat to the safety of others. This also includes serious injury from “near-misses” and other emergencies that may not result in immediately apparent injuries but are potentially harmful to personnel or participants. Examples may include an equine stepping on a human foot, difficulties encountered during transfers, equine bite, etc.

CONFIDENTIALITY

We have a policy of confidentiality. Names, specific conditions or other personal details are to be held in strict confidence. By all means, share the stories, the successes and the warmth – but please leave out the personal details. This includes detailed information of riders, other volunteers, donors, staff and instructors.

PHOTO RELEASE

_____ I DO _____ I DO NOT
Consent to and authorize the use and reproduction by Pikes Peak Therapeutic Riding Center of any and all photographs and any other audio visual material taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

BACKGROUND CHECK

I authorize Pikes Peak Therapeutic Riding Center to receive information from any law enforcement agency including police departments 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 convictions I may have had for violations of state or federal criminal laws, including but not limited to, convictions for crimes committed upon children.

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

Have you ever been convicted of a felony? If yes, explain:

I assert that the information provided above and on the previous page is accurate to the best of my knowledge and I agree with the terms stated above. I will not take or be under the influence of alcohol or any illegal drugs while working at PPTRC.

Signature: _____ Date: _____
Volunteer

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

Authorization for Emergency Medical Treatment

PLEASE PRINT

Name _____ Birthdate / / _____

Phone (H) _____ (W) _____ (Cell) _____

Street Address/Apt# _____ City _____ State/Zip _____

Physician's Name: Dr. _____ Preferred Medical Facility _____

Health Insurance Company _____ Policy # _____

Allergies to Medications _____ Current Medications _____

Health History: Please describe your current health status particularly regarding the physical/emotional demands of working in a therapeutic riding program. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries, and/or lifestyle changes. Use reverse side if needed.

IN THE EVENT OF AN EMERGENCY CONTACT:

1) Name: _____ Relation: _____ Phone: _____

2) Name: _____ Relation: _____ Phone: _____

I. CONSENT PLAN

In the event that emergency medical aid/treatment is required by me for illness or injury while on the property of Pikes Peak Therapeutic Riding Center, **I authorize PPTRC to:**

1. Secure and obtain medical treatment and transportation if needed.
2. Release client records upon request to the authorized individual or agency involved in the medical emergency treatment.
3. 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 emergency contacts above cannot be reached.

Name: _____ Signature: _____

(Parent or Guardian if Volunteer is under 18)

OR

II. NON-CONSENT PLAN

I DO NOT give my 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 Pikes Peak Therapeutic Riding Center. In the event emergency treatment or aid is required, I wish the following procedures to take place (use reverse side if needed):

Name: _____ Non-Consent Signature only: _____

(Parent or Guardian if Volunteer is under 18)