



Colorado Therapeutic Riding Center
 11968 Mineral Road, Longmont, CO 80504
 (303) 652-9131 FAX (303) 652-2072 volunteer@ctrcinc.org

VOLUNTEER APPLICATION

Thank you for your interest in volunteering with CTRC! Please complete the following questionnaire in full along with the attached Volunteer's Consent & Release Form, Volunteer Job Description and Confidentiality Policy. Do not leave any questions blank.

Please Note: CTRC cannot accept applicants into volunteer programs who have been arrested for, or convicted of, crimes against persons and/or animals. You may be subject to a background check as part of this application process.

Name: _____ Date: _____

Street Address: _____ City: _____ State: _____ Zip: _____
Must provide street address

Mailing address: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____ Work phone: _____

Email: _____ Birth date: _____ Employer/School name: _____

Employer/School address: _____ City: _____ State: _____ Zip: _____

How did you hear about CTRC?

- | | | | |
|---------------------------------------|---|--|---|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Volunteer agency | <input type="checkbox"/> Company publication/website | <input type="checkbox"/> Bulletin Board |
| <input type="checkbox"/> School | <input type="checkbox"/> Volunteer fair | <input type="checkbox"/> Friend | <input type="checkbox"/> NARHA |
| <input type="checkbox"/> CTRC website | <input type="checkbox"/> Driving by | <input type="checkbox"/> Other _____ | |

Do you have horse experience? Little/none Some Considerable
 Please describe briefly:

Are you comfortable working around horses? Yes No

What is your availability? Weekday Mornings Weekday afternoons Weekday Evenings
 (Check all that apply.) Saturday mornings Saturday afternoons **Explain:**

Do you have training or experience working with people with disabilities? Yes No
 Please describe briefly:

Are you able to walk for 45 minutes and jog short distances? Yes No (Explain)

Given a chance to change sides, are you able to hold your arm above shoulder height and support a rider's weight? Yes No

Do you have any health issues or physical limitations that we should be aware of? Yes No
If yes, please describe:

Please provide a minimum of one reason you are interested in volunteering for CTRC:

Please list the names of any programs or agencies you have volunteered for in the last 5 years and briefly describe your duties:

Have you ever been arrested for, or convicted of, a crime against a person or animal?
 Yes No

Have you ever been listed on a registry for child abuse?
 Yes No

Please indicate other interests or skills:

special events fundraising marketing general office/mailings
 horse care schooling horses computers other _____

Please list THREE people, who are not related to you, who can provide a personal or professional reference:

NAME

PHONE NUMBER

1. _____

2. _____

3. _____

Applicant Signature _____ Date _____

*Parent/Guardian Signature _____ Date _____

(*required if applicant is under 18)

Office use only:

Application Consent Confidentiality Job description CBI screening Reference check

Training date mm/dd/year _____ 1:1 group training HL SW

Comments:

Colorado Therapeutic Riding Center
VOLUNTEER RESPONSIBILITIES DESCRIPTION

POSITION TITLE: Lesson Volunteer

DATE: November 2007

REPORTS TO: Volunteer Coordinator

ELIGIBILITY:

- This position is physically demanding and requires the ability to walk 45+ minutes in a sand arena and jog for short distances.
- You may be asked to assist riders weighing up to 200 lbs.
- Willingness to be outdoors in many weather extremes.
- Ability to follow direction from a direct supervisor in a fast paced environment.
- Must commit to a full riding session or make suitable and timely arrangements otherwise.
- Attend volunteer training and read volunteer manual.
- 16 years of age or older or 14 with significant horse experience.
- Fully complete application with all required forms and provide three references.

RESPONSIBILITIES: Lesson volunteers work under the direct oversight of a CTRC Instructor.

Responsibilities include arriving 30 minutes prior to class start time; catching, grooming and tacking horses for scheduled lesson; dressing safely and appropriately; informing CTRC in a timely fashion of absences and following the substitution policy; following all agency policies and procedures; communicating questions, grievances, feedback, or concerns to Instructor or Volunteer Coordinator; following safety rules and regulations.

DUTIES:

Lesson Volunteer (general):

- Catch, groom and tack horse for lesson
- Promote rider independence and success
- Alert the instructor of any safety or health concerns
- Assist instructor in maintaining a safe environment and assist in an emergency

SIDE WALKER

- Assist instructor during mounting and dismounting
- Communicate with rider when appropriate including verbal and non-verbal prompts
- Provide physical assistance and stabilization to the rider when directed or necessary
- Remains focused on assisting the rider

HORSE LEADER

- Responsible for leading horse, walking alongside horse without a lead, or may be stationed in the arena for spotting
- Focus remains on working with the horse
- Communicate with instructor regarding any horse related questions or concerns

All new volunteers will be considered probationary for six months. During this time, they will be monitored by an instructor or Training Team member to ensure safety and will not be alone with riders for any period of time. If the candidate exhibits any physical limitations or behavior traits which may be of concern, or any disregard for CTRC's program, horses, staff, or riders, the candidate will not participate as a lesson volunteer. If you are unable to perform any of these duties listed above, the Volunteer Coordinator will meet with you to discuss other options. If you do not agree with any decisions made, you are encouraged to contact the Executive Director.

I understand my work for the Colorado Therapeutic Riding Center is being provided in a volunteer capacity and I will not receive any compensation or any other benefits in connection with the volunteer position.

Signed: _____ Date _____

Name (Printed) _____

Volunteer Consent & Release Form

Consent for Emergency Medical Treatment

In the event emergency medical aid/ treatment is required due to illness or injury while participating in the services of, or while being on property of, the Colorado Therapeutic Riding Center (CTRC), I authorize CTRC to secure and retain medical treatment and/ or transportation if needed. This authorization includes any treatment deemed necessary by a treating health care professional and includes but is not limited to x-ray, surgery, hospitalization, and medication. In addition, I authorize CTRC to release my/ my child/ my ward's record to any individual involved in medical treatment and/ or necessary transportation.

Volunteers Name _____

In Case of emergency, contact _____ Phone _____

or contact _____ Phone _____

Physician's Name _____ Phone _____

Health Insurance Name (optional) _____ Policy # _____

Date _____ Volunteer Signature _____

(or signature of parent or guardian if volunteer is under age 18)

Liability Release

WARNING

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

_____ (Volunteer's name) would like to participate in the Colorado Therapeutic Riding Center (CTRC) program. I acknowledge the risks and potential for risks in riding and working with horses. However, I feel that the possible benefits to myself/ my child/ my ward are greater than the risk assumed. I hereby waive my right to be legally bound for myself, my heirs, executors and/or Board, Instructors, Therapist, Aides, volunteers, employees, agents, and representatives of any kind for any and all injuries, damages, claims, demands, causes of actions, law suits, and/ or losses I/ my child/ my ward may sustain while participating in CTRC program.

Date _____ Volunteer's Signature _____

(or signature of parent/ guardian if volunteer is under age 18)

Photo Release (Optional)

I hereby consent to and authorize the use reproduction by Colorado Therapeutic Riding Center of any and all photographs and any other audiovisual materials taken of me/ my child/ my ward for promotional printed material, educational activities, exhibitions or for any other use for the benefit of the program.

Date _____ Volunteer Signature _____

(or signature of parent/ guardian if volunteer is under age 18)



Colorado Therapeutic Riding Center
11968 Mineral Road, Longmont, CO 80504
(303) 652-9131 Fax: (303) 652-2072 ctrc@ctrcinc.org

CONFIDENTIALITY POLICY

The Colorado Therapeutic Riding Center, Inc. (CTRC) recognizes the right of participants/riders and their families to have privacy and control over any information that might be personal or sensitive. In order to respect that right, CTRC has adopted the following policy regarding confidentiality.

Those bound by the directives of this policy are ALL persons in any way connected with CTRC, including but not limited to: full and part-time staff, volunteers, board members, temporary employees, independent contractors, and instructor workshop/training/certification participants. Any person violating these policies will be subject to penalties ranging from reprimand to alteration of job responsibilities to termination to legal action.

Information considered to be confidential includes all medical, familial, social, referral, personal, and financial concerns regarding a participant and/or his/her family. Such information is considered confidential regardless of how it is obtained, whether directly from the participant or family, CTRC staff, volunteers or others association with CTRC, or inadvertently from other sources, such as but not limited to a chart, computer screen or overheard conversation.

Consent to disclose information to outside individuals or agencies, including photographs and videotapes, should be obtained in writing from the proper legal representative. Adults age 18 and over with development disabilities are presumed to be competent to give consent unless they have specifically been found incompetent in a court of law. In such a case, a substitute decision-maker would be assigned, and any consent must be obtained from that decision-maker.

I have read and understand the CTRC confidentiality policy as described above and agree to observe its principles.

Date: _____ Name: _____

Signature: _____

Signature of parent or guardian if under 18 years: _____