

Discovery Riders Inc. a 501 © (3) non- profit organization



VOLUNTEER INFORMATION

Discovery Riders is a therapeutic riding and an equine assisted learning experience for individuals with special challenges. Imagine what it must feel like to be told every day about all the things you cannot do. And then to come to a place where there is something challenging and exciting you can do. We don't think horses are magic – well, actually we do – but we know that learning a new skill will improve the way our riders see themselves and give them a reason to believe that when they succeed at horsemanship they can succeed at other things.

Learning to ride a horse can be a lot of fun – so much fun, in fact that a child sometimes doesn't notice all the other things he or she is learning at the same time. Equine-assisted activities involve using the movement of the horse as a tool to help with a variety of disorders including cerebral palsy, Down syndrome and, more recently, attention deficit and autism spectrum disorders. It not only offers muscle and joint movement, but children respond to the powerful emotional connection they feel with these big, gentle animals.

Discovery Riders, Inc. is a 501c.3 non-profit organization that cannot exist without volunteers. A team of 2 or 3 persons is required next to every horse during therapy and lessons. No other therapy is so people-intensive. We may need 3 people for each rider/horse combination! That means if two horses are carrying two riders, we need 6 people to be in the exercise arena...and so on.

Volunteers are the backbone of our programs. You are dedicated people from all walks of life who team up to give persons with special needs the opportunity to experience horses which can make an incredible difference in their lives.

Volunteers are obviously “giving” people with an interest and the time to help others less fortunate than themselves. We need volunteers from various walks of life who come with their own expertise and experiences which are valuable to our riders and us. Teachers, horse-persons, parents or relatives of disabled children, teenagers, medical personnel, businessmen/women and students can enjoy volunteering and giving others a hand.

Volunteers are the backbone of our program.

Volunteers bring knowledge and skills to our program.

Volunteers bring new ideas.

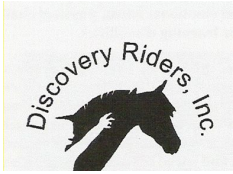
Volunteers are supportive.

Volunteers enable riders to experience success.

Volunteers assist with the many horse-related tasks.

Volunteers are enthusiastic team members.

Volunteers are appreciated for their spirit of cooperation.



- volunteers arrive at therapeutic riding lessons 15 minutes prior to the start of therapy or lessons.
- Volunteer horse handlers who are scheduled to get horses ready for therapy or lessons arrive 60 minutes prior to the start of therapy or lessons.
- volunteers must be at least 14 years of age and physically fit to walk one to two hours and jog occasionally.
- volunteers assist with safety.
- volunteers assist students and riders with equipment such as helmets and waist-belts.
- volunteers are supervised by the therapist or riding instructor who are in charge of the scheduled session.
 - volunteers are covered by Discovery Riders, Inc.'s liability insurance policy.
- volunteers must maintain student/rider/staff information as strictly confidential.

Three levels of Volunteers:

Level I - no or very limited horse experience. Utilized as a side-walker.

Level II - moderate horse experience. Utilized as a horse leader.

Level III - extensive horse experience. Utilized as a horse handler, exerciser, and trainer.

Contact Adam at 937-935-7633 for more information.

Mission: "Improving Lives Through Horsemanship"



DISCOVERY RIDERS

501 © (3) non-profit corporation

5850 St Rt 292 South Zanesfield, OH 43360

937-935-6545

VOLUNTEER GUIDELINES

- 1) Physical, Emergency Medical, and liability waiver forms must be completed prior to volunteering.
- 2) All volunteers will be presented a volunteer training manual and must attend a volunteer training session provided by the Discovery Riders Inc. staff prior to volunteering. Please return the manual once read.
- 3) All volunteers are required to have a background check before volunteering. This may be done at your local Sheriff's office. Please have the office send the results to Discovery Riders Inc.
- 4) Sign in at all classes so you are given credit for volunteer time.
- 5) Wear boots for foot protection to all class sessions.
- 6) A Volunteer tee shirt will be provided when volunteering. Please wear during classes, weather permitting.
- 7) **If you are not able to volunteer for your regularly scheduled class, notify Adam Judd, program director at 937-935-7633. Please give at least 24 hours notice.**

THANK YOU!!!

Volunteer Application

Name: _____

Phone: (H) _____ (C) _____

Address: _____

YOUR EXPERIENCE/HISTORY

List any training, education or other factors that have prepared you for working with children with physical or mental handicaps.. _____

List all previous work involving youth. List type of work performed, dates, company/agency, supervisor. _____

Horse experience: Yes No. If so, explain briefly. _____

Have you ever been charged with or convicted of a crime? Yes. No. If yes, please explain

Have you ever been the defendant in any civil suit alleging sexual abuse, battery or mental abuse of a person? Yes. No. If yes, please explain. _____

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I authorize Discovery Riders, Inc. 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 Discovery Riders, its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization, or corporation.

Signature: _____ Date: _____

(volunteer/staff)

CURRENT DRIVER'S LICENSE Y N LICENSE NUMBER _____ STATE _____

List two personal references:

Name _____ Phone # _____

Name _____ Phone # _____

The information provided above is accurate to the best of my knowledge. I know no reason why I should not participate in the Discovery Riders' program.

Signature: _____ Date: _____

I understand and will observe the confidentiality policy of Discovery Riders, Inc.

Signature: _____ Date: _____

PHOTO RELEASE:

I DO

I DO NOT

Consent to and authorize the use and reproduction by Discovery Riders, Inc. of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Signature: _____ Date: _____

Client, Parent or Legal Guardian

Discovery Riders

5850 St Rt 292 South Zanesfield, Ohio 43360

937-935-6545

AUTHORIZATION for EMERGENCY MEDICAL TREATMENT FORM

Participant

Staff

Volunteer

Name: _____ DOB: _____ Phone: _____

Address: _____

Physician's Name: _____ Medical Facility: _____

Health Insurance Company: _____ Policy #: _____

Allergies to medications: _____

Current medications: _____

In the event of an emergency, contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

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 Discovery Riders, Inc. 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.

Consent Plan: The 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 person(s) above is unable to be reached.

Date: _____ Consent Signature: _____

Client, Parent or Legal Guardian

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 the agency. In the event emergency treatment/aid is required, I wish the following procedures to take place:

Date: _____ Consent Signature: _____

Client, Parent or Legal Guardian

PERMISSION TO PARTICIPATE IN DISCOVERY RIDERS' THERAPEUTIC RIDING PROGRAM, DISCLOSURE, RELEASE OF CLAIMS, CONSENT TO EMERGENCY MEDICAL TREATMENT AND INDEMNIFICATION

I, _____ ("Volunteer"), have chosen to participate in the Discovery Riders Therapeutic Riding Program ("Program") and its related horse activities. I _____ (parent or guardian) have chosen to allow Participant to participate in Program.

I am aware that:

- A. Horses have a tendency to behave in ways, which may result in injury, death, or loss to riders, or other persons in the immediate vicinity;
- B. Horses may react in an unpredictable way to sounds, sudden movement, unfamiliar objects, persons, or other animals;
- C. Riding a horse may give rise to a risk of injury from hazards arising from the surface or subsurface of the ground in which these riding activities occur;
- D. While in the vicinity of a horse or while riding a horse, I may be involved in a collision with another horse, another animal, a person, or an object;
- E. Other individuals in the program may fail to maintain control over a horse or fail to act within their abilities, thus causing harm to me or other individuals; and
- F. Other individuals in the program may act in a negligent manner, which could result in harm to me.

As parent or guardian I have discussed with individual the need to behave in a safe manner. I will make sure that individual wears appropriate clothing and footwear during horse activities and other program activities.

In consideration for the opportunity to participate in Program activities and the use of services and facilities made available through these Program activities, I do release and forever discharge for myself and my heirs, executors, administrators, and assigns, and for individual and individual's heirs, executors, administrators and assigns, the leaders, agents, employees, volunteers, directors, officers, administrators, faculty and staff, of Discovery Riders, from all claims, demands, and causes of action for personal injury or any other damage which may arise out of or be in any way related to individual's participation in Program.

I grant individual permission to participate in Program and its related horse activities despite the possible risks. I recognize that by participating in these activities, as with any physical activity, individual may risk personal injury. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved in these activities, and that I assume any expense that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses. As a parent/guardian, I assume the same risk for myself, and other family members and friends present at these Program activities.

In the event of emergency or injury to individual requiring immediate medical attention for individual, I hereby consent to emergency medical treatment, including transportation to medical providers, for individual.

I agree to indemnify and hold harmless Discovery Riders for any claims, damages, or causes of action arising from individual's conduct and/or participation in Program.

Signed _____ Dated _____ Signed _____ Dated _____

(Parent or Guardian)