



Date: _____

Parkwood Therapeutic Riding Center

Volunteer Application

(Complete in blue or black ink)

Name: _____ EMail: _____

Address: _____ City: _____ Zip: _____

Home Phone: (_____) _____ Cell: (_____) _____ Text Y N

Birthday: _____

In Case of Emergency, Notify: _____

Phone: (_____) _____

Volunteer Availability: ~~**M = Morning** 9 – 11 am~~ **MD = Mid-Day** 1 – 4 pm **E = Evening** 6 – 8 pm

Please Circle: Mon. (**MD E**) Tues. (**MD E**) Wed. (**MD E**) Thurs. (**MD E**) Fri. (**MD E**)

Volunteer Assistance:

Volunteering is a tremendously rewarding experience. At Parkwood, you can choose from many helpful organizational areas. All of these are designed to help support our special needs program. Whatever your talents or interests, we can put them to good use at Parkwood. Please check the box for the area you wish to participate.

Administrative & Marketing:

These volunteers help with data entry, drafting correspondence, meeting notes, phoning, creating newsletters, advertising ideas, create story boards, take pictures, or maintain website.

Volunteer Support:

These volunteers assist with orientations, trainings, and mentoring. They also help with our annual volunteer appreciation and birthday celebrations.

Fundraising & Special Events:

These volunteers help by reaching out to the community in regards to donations, sponsorships, and locating places that would welcome our organization to be a part of their special event.

Barn Buddies:

No Horse Experience Required!
Come out and enjoy giving love and care to our herd. Grooming, stall care, feeding are all part of forming bonds and being a part of the Equine community.

Sidewalkers:

Our riders may need assistance in maintaining their balance or in processing instructor's directions. While students learn how to ride, sidewalkers provide physical, emotional, and verbal support while walking next to the horse.

Horse Leaders:

Horse Experience Required!
Our riders may need assistance with guiding their horse or just an added measure of safety measure. Come before class to warm up and get our horses tacked (dressed).

Volunteer Information

T-Shirt Size: **S M L XXL** (Volunteers receive a Parkwood T-shirt after 20 hours of service)

If you are under the age of 18, it is imperative, before you start volunteering, to have a parent/guardian sign the: 1) Photo Release, 2) Liability Release, and 3) Emergency Medical Treatment Consent.

All our volunteers “donate” on an annual basis by giving their time. However, we also ask all first time volunteers to make a monetary donation of \$10.00 to cover administrative, t-shirt, and training cost.

Have you had an immunization against tetanus in the past ten years? If yes, when _____ Yes No

Have you had CPR/First Aide Training? If yes, when _____ Yes No

Would you be interested in taking a special group class for CPR? Yes No

Do you speak another language other than English? What other language? _____ Yes No

Do you know American Sign Language? Yes No

Have you ever worked with individuals with disabilities before? Where? _____ Yes No

Time Commitment

Parkwood, like most Equine Therapy organizations, are volunteer dependent. Do you understand that if you do not show up at your designated volunteer time, a rider may not be allowed to ride due to safety pre-cautions? Yes No

Can you commit to helping for at least a six week period? Yes No

Can you commit to a minimum of 3-4 hours per week? Yes No

Would you be willing to be listed on an “On Call List”? Yes No

If called for an emergency substitution, how quickly can you arrive at Parkwood? _____

Physical Commitment

Can you walk briskly beside a horse for 30 minutes? Yes No

Are you comfortable jogging beside a horse for a short distance? Yes No

Given a chance to change sides, can you hold one of your arms above your shoulder for 30 min.? Yes No

Please list **any** physical limitations or medical conditions that we need to be aware of.
(Note: The safety of the entire program, including you, is of the utmost concern to us. Giving us this information will not create any bias or prejudice in the determination of your help here at Parkwood!)



PARKWOOD TRC APPLICATION

Liability Release

I understand that horses are unpredictable and even the most docile animal can and may step on, bite, push off balance, stumble, throw, or otherwise injure any person working with or around it. I will exercise safety precautions for my own protection. I agree to abide by the policies and procedures of Parkwood TRC. I understand that policies may be amended from time to time. I also agree to exercise proper care and conduct at all times while on or near any horse.

Neither Parkwood TRC, nor any of its officers, instructors, volunteers, participants, employees, agents, or owners of the property where Parkwood TRC events are conducted shall be held liable for any claims, demands, injuries, or damages arising out of or in connection with me or my rider's participation in any Parkwood TRC events.

I further acknowledge that I will not hold Parkwood TRC, its officers, instructors, volunteers, participants, employees, agents or owners of the property where Parkwood TRC events are conducted, liable or responsible for any injury sustained by me while participating in activities at sites where horse therapy classes and related events may be held. I ride and/or participate at my own risk and take all necessary precautions to prevent any or all accidents. These precautions include, but are not limited to, wearing protective headgear.

I hereby release Parkwood TRC, its officers, instructors, volunteers, participants, employees, agents, owners of the property from all liability for property damage and injury to me. I assume all risk of injury that may arise from approaching, handling, or riding a horse while on property.

This agreement shall apply to any horse/horses being used or maintained upon the grounds where Parkwood TRC events are being held, as well as, any person or equipment affiliated with said event. Furthermore, I assume full responsibility and liability for the conduct and safety of any and all persons I bring onto the property where Parkwood TRC events are conducted, including minors.

I represent that I/my rider am physically able to undertake all reasonable Equine related activities and I participate in such activities at my own risk. INITIALS: _____

Warning: Under Pennsylvania Law, an equine activity sponsor or equine professional is not liable for any injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities pursuant to (4 P.S. §§ 601-606).

I have read and understand all of the above and waive any claim which may arise against Parkwood TRC, its officers, instructors, volunteers, participants, employees, agents, or owners of the property where Parkwood TRC events are conducted.

This agreement is effective upon signing and continues so long as I participate in Parkwood TRC events.

I agree to pay all costs and attorneys' fees arising from any suit, legal proceedings or threatened proceedings that are or may be brought by me contrary to the terms of this Agreement.

Volunteer Name (Please print)

Signature of Volunteer
(Parent/Guardian must sign if volunteer is under the age of 18)

Date



PARKWOOD TRC APPLICATION

Photo/Video Release

I understand that Parkwood TRC has the ability to use/reproduce any or all photographs and audiovisual materials taken of me, my rider, or ward for promotional printed material, educational activities, social media, and exhibitions for the benefit of Parkwood TRC.

I Consent

I Do Not Consent

Signature of Rider
(Parent/Guardian must sign if volunteer is under age of 18)

Date

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RISK MANAGEMENT STATEMENTS

- ❖ I understand that I cannot smoke while on the property of Parkwood TRC unless while inside of my own vehicle. Y N
- ❖ I understand that I must wear an approved ASTM riding helmet while riding any horse. Y N
- ❖ I understand Parkwood TRC has designated business hours at which time staff are present on property. Visitors must be scheduled and accompanied by staff at all times. Y N
- ❖ I understand that horses are not to be fed anything without the guidance and assistance of Parkwood Staff. Y N
- ❖ I understand that horses can be unpredictable. They may kick, bite, and step on me. Y N

Signature of Rider
(Parent/Guardian must sign if volunteer is under age of 18)

Date

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CONFIDENTIALITY STATEMENT

- ❖ Volunteers, riders, and their families have a right to privacy that gives them control over the dissemination of their medical and/or other sensitive information. Parkwood TRC shall preserve the right of confidentiality for all individuals in this program.

I, by signing below, acknowledge this policy and will abide by it.

Signature of Rider
(Parent/Guardian must sign if volunteer is under age of 18)

Date



PARKWOOD TRC APPLICATION

Authorization For Emergency Medical Treatment

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 Parkwood TRC to:

1. Secure and retain medical treatment and transportation if needed.
2. Release client records upon requests to authorized individual or agency involved in the medical emergency treatment.

Rider's Name _____ Date of Birth _____

Physician's Name _____ Phone (____) _____

Health Insurance Company _____ Policy # _____

Preferred Medical Facility _____

Parent/Guardian Emergency Contact Information
(Please print this information)

Name _____ Phone (____) _____

Address: _____

Name _____ Phone (____) _____

Address: _____

Allergies, Medical Conditions and Medications
(Please list any medical problems, special situations, seizure activity, etc.)

Consent Plan

This authorization includes x-rays, surgery, hospitalization, medical and any treatment deemed "lifesaving" by the physician. This provision will only be invoked if the persons **listed above are unable to be reached.**

Date: _____ Consent Signature: _____
(Parent/Guardian must sign if volunteer is under the age of 18)

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 Parkwood TRC.

- Parent or legal guardian will remain on site at all times during equine related activities.**
- In the event emergency treatment/aid is required, I wish an alternate procedure to take place:

Date: _____ Non-Consent Signature: _____
(Parent/Guardian must sign if the volunteer is under the age of 18)



PARKWOOD TRC APPLICATION

Horse Leading Application

Name: _____ Phone: (_____) _____

Cell:(_____) _____ Can you send/receive text: Yes No

Email: _____ Age: _____ Date: _____

To be completed by people with **NOVICE** to **ADVANCED** horse handling experience only,

PLEASE ANSWER ALL QUESTIONS THOROUGHLY!

Handling horses for riders with disabilities takes a lot of responsibility. If you have previous experience at the above mentioned levels and feel that you would be able to successfully work with our horses and riders, please fill out this application with your volunteer packet. Your application will be forwarded to our Equine Director. You will then be contacted to schedule a "hands on evaluation" and/or training in the "Parkwood" way of building a successful relationship with our horses. It is vitally important for everyone that works with our horses to be providing kind, consistent guidance to our horses in accordance with certification standards and instructor preambles. **Volunteers must be 16 years of age to lead in class!**

What type of riding have you done? English _____ Western _____ Other _____

How often do you usually ride? _____

Do you own your own horse? Yes _____ No _____

Have you had any professional training? Yes _____ No _____

If YES to the above question:

How long did you receive training and what for? _____

Have you shown horses? Yes _____ No _____ If yes, what class? _____

Are you interested in being an Exercise Rider? If yes, please provide your weight: _____

(Note: This information is requested in consideration of our horse's physical longevity and stress levels. Parkwood reserves the right to request a "weigh in" of any rider at any time.)

What days and times would you be available for training?

Equine Director's Notes:

