

Drop off or mail application to 2460 Delmar Ave., Penryn, CA 95663

Email preferred: [ridetowalk92@gmail.com](mailto:ridetowalk92@gmail.com)



## Welcome Potential Volunteers!

Thank you for your interest in volunteering for Ride to Walk. Ride To Walk is a non-profit therapeutic horseback riding program for individuals with neurological challenges.

### Riding Therapy Session Volunteers

Our riding therapy volunteers fill a special role in the therapy sessions. Each rider receives one thirty-minute riding session per week tailored to his/her individual needs. The riders enjoy and look forward to seeing their volunteer's week after week. Many friendships are formed during these sessions. With the multitude of changes that often occur, the program allows for rewarding and exciting experience for both the rider and the volunteer.

#### Riding Therapy Volunteer Job Descriptions

**Side-walker:** Volunteer will walk beside the horse and rider. Some light jogging may be necessary when trotting. Usually, two side-walkers are used for each rider; one on each side of the horse. Riding sessions are for 30-minute intervals. Volunteers should be in good health and mentally alert. Volunteer needs to be at least 16 years old.

**Groomer/Grooming Monitor:** Volunteer should have an equine background and experience or willingness to learn. Must arrive at the arena one hour prior to the session to groom and tack horses. Volunteer needs to attend a Grooming and Tacking in-service before he/she can perform this role. Volunteer needs to be at least 16 years old.

**Horse Leader:** Volunteer must have some equine background and experience. This person oversees the horse until the instructor releases him/her from duty. The leader is responsible for controlling the horse's pace and movements in response to the rider's ability. Volunteers should be in good health so that he/she can keep up with the horse at a brisk walk or jog when trotting. Volunteer needs to be at least 16 years old.

**Arena Monitor:** Volunteer is responsible for coordinating side-walkers and horse leaders with riders. Volunteers are present during the entire riding session and becomes familiar with the riders, families, and volunteers for that riding session. Volunteer needs to be at least 16 years old.

**Arena Assistant:** Volunteer is responsible for assisting with the gates, toys, and props for the children, etc.... Volunteer needs to be at least 16 years old.

Business Office and Riding Facility: 2460 Delmar Ave., Penryn, CA 95663 Ph: 916-791-2747

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Update: July 2025



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### **Riding Therapy Volunteer Qualifications:**

- ® Must be physically able to work a three ½ hour session with breaks.
- ® Must be able to make cognitive decisions and capable of learning and understanding written material.
- ® Volunteers need to make a commitment to one riding session per week for a 6-month period.
- ® Volunteers need to be 16 years old to work with the horses, 16 years old to work with the riders, be at least five feet tall and weigh at least one hundred pounds.
- ® Complete the mandatory in-service training sessions.

### **Riding Therapy Session Times:**

Our program needs volunteer workers for all the riding therapy sessions. The current schedule for our regular riding therapy session is listed below. (The schedule changes during the summer months.) We schedule volunteer workers for the riding therapy sessions based on the volunteer's skills and interests as well as our program needs.

THURSDAYS: Summer-- 9:30 am – 1:30 pm / Fall & Spring -- 1:00 -- 5:00 pm

SATURDAYS: 9:30 am – 12:30 pm

### **Other Volunteer Opportunities**

**Videographer:** Volunteer is responsible for collaborating with our therapists to record individual rider therapy sessions at regular intervals during the calendar year so that we can document and track each rider's progress in the program.

**Fundraising:** There are various fundraisers that require assistance with greeters, parking, ticket sales, baked home goods, beverage sales, etc....

**Additional Help:** Volunteers with various skills are needed on a consistent basis to work to assist in the upkeep of the *Ride to Walk* property. If you have a particular skill, expertise, or interest (i.e., writing letters for newsletters, photography, public speaking, etc...) that you would like to share, *Ride to Walk* can use your help!

Without the assistance of our wonderful volunteers, we would be unable to provide this program. We look forward to you joining our work staff. If you have further questions, please do not hesitate to call us at (916)791-2747 or email us at [ridetowalk92@gmail.com](mailto:ridetowalk92@gmail.com).

Our riding facility is located at 2460 Delmar Ave Penryn, CA 95663.

We look forward to hearing from you soon.

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## Information Form & Release of Liability

### General Information

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone (H) \_\_\_\_\_ (Cell) \_\_\_\_\_

Employer/School \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

Parent/Legal Guardian Name and Address \_\_\_\_\_

How did you learn about the program? \_\_\_\_\_

Recent medical tests

Last Tetanus Shot \_\_\_\_\_ Tuberculosis Test +/- Date \_\_\_\_\_

(Consult your physician or local health department if you are not up to date with these shots/tests)

### Health History

Please describe your current health status, particularly regarding the physical/emotional demands of working in an equine assisted program. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries, or lifestyle changes.

General

Health: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

### Check which areas you are interested in:

Wednesday  Thursday  Friday  Saturday  Other \_\_\_\_\_

#### Program

Horse Handling  Barn Dance

Stable Management  Fundraising

Facility Repairs

Office Work

#### Special Events

Golf Tournament

Office Work

#### Administration

Public Relations  Photography/Video  Side-

Grant Writing  Budget & Finance

Newsletter  Future Planning

Recruiting Volunteer

I understand that the information provided above is accurate to the best of my knowledge. I know of no reason I should not participate in this program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*(participant/volunteer/staff; signed in presence of center staff)*

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**Photo Release**

- DO
- DO NOT

Consent to and authorize the use and reproduction by Ride to Walk of 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 Center.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
*(participant/volunteer/parent)*

**Background Information**

Have you ever been charged with or convicted of a crime? Y N please explain.

\_\_\_\_\_ I \_\_\_\_\_ (volunteer/staff), authorize Ride To Walk 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 or animals.

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 NARHA program center, its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Participant/volunteer/parent*

CURRENT DRIVER'S LICENSE Y N LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_

**Confidentiality Agreement**

I understand that all information (written and verbal) about participants at this NARHA center is confidential and will not be shared with anyone without the expressed written consent of the participant and their parent/guardian in the case of a minor.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Participant/volunteer/parent*

Name \_\_\_\_\_

Address/City/Zip \_\_\_\_\_





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Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Allergies to medications: \_\_\_\_\_

Current Medications: \_\_\_\_\_

*In the event of an emergency, contact:*

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event of an 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 *Ride to Walk* 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**

This authorization includes x-ray, surgery, hospitalization, medication, and any treatment procedure deemed "lifesaving" 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.

- Parent or Legal Guardian will always remain on site during equine assisted activities.
- In the event of an emergency treatment/aid is required, I wish the following procedure to take place:

Date: \_\_\_\_\_ Consent Signature \_\_\_\_\_

*Client, Parent or Legal Guardian*

