Drop off or mail completed application to 2460 Delmar Ave., Penryn, CA 95663
Email preferred: ridetowalk92@gmail.com

Ride to Walk
HEALING ON HORSEBACK

Welcome Potential Volunteers!

Thank you for your interest in volunteering for Ride to Walk! We are a non-profit adaptive horseback riding program for individuals with special needs.

Adaptive Riding Session Volunteers

Our adaptive riding session volunteers fill a special role in the riding 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 volunteers week after week, and many friendships are formed during these sessions. With the multitude of changes that often occur, the program allows for a rewarding and exciting experience for both the rider and the volunteer!

Sidewalker: This volunteer will walk beside the horse and rider. Usually, two sidewalkers are used for each rider; one on each side of the horse. Riding sessions are for 30-minute intervals, but volunteers may be asked to walk a few sessions in a row. The volunteer will help lead or assist the rider in their therapeutic activities/exercises/games.

Sidewalker Volunteer Qualifications:

- Loves helping people with special needs, as well as being comfortable around horses.
- Enjoys being part of a team and demonstrates patience, kindness and respect for riders, families, staff and fellow volunteers
- Must be able to remain calm and focused with the ability to adapt to unexpected situations or emergencies
- Must be 16 years or older
- Must be able to commit to one full program day (Thur/Sat) for a minimum of four months (see program hours below)
- Must be able to walk 30 minutes at a time, with an occasional jog
- Must complete the mandatory 2-3 hour group training session
- Must be punctual and responsive to text/email communication

Adaptive Riding Program Start and End Times:

THURSDAYS: (Summer) 9:30am - 1:30pm / (Fall-Spring) 1:00pm - 5:00pm
SATURDAYS: (Year-Round) 9:30am - 1:00pm

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Horse Leader: This volunteer leads the horse during the riding session under instructor supervision. The horse leader is responsible for controlling the horse's pace and movements in response to the rider's ability. Volunteer days and times are listed on the previous page.

Horse Leader Volunteer Qualifications:

- Must have at least 5 years of horse experience, with a focus on groundwork (grooming, haltering, leading, horse behavior, etc.)
- Must attend weekly hour-long training sessions
- Must be 16 years or older
- Be willing to shadow other leaders for the first two program days attended
- Must be able to walk three 30 minute sessions each program day, sometimes back to back, with occasional jogging of short distances
- Must commit to 4 months; then re-evaluate to commit to an additional 8 months for a 1 year commitment.

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Information Form & Release of Liability - page 1

General Information

* Indicates required field (application void if incomplete)

*Name:_____ *Date:_____
*Address: _____
*City: _____ *State: _____ *Zip code: _____
*Date of Birth: _____/_____/_____ *Cell Phone #:_____
*Email Address: _____
*Employer/School: _____
*Address: _____
*(If minor) Parent(s)/Legal Guardian(s) Name and Address:_____
_____
How did you learn about the program? _____
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:_____
*Current Medications:_____

Check which day & position you are interested in:

Days: ○ Thursday ○ Saturday Position: ○ Horse Leader ○ Sidewalker

*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 _____
(potential volunteer)

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Information Form & Release of Liability — page 2

**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 _____
(potential volunteer)

Background Information

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

_____

*I _____ (potential volunteer), 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 a volunteer, and that I expressly DO NOT authorize Ride to Walk Inc, 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 Ride to Walk Inc 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: _____
(potential volunteer)

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Information Form & Release of Liability — page 3

Volunteer Liability Release

No volunteer can be accepted for service until this form has been completed by themself, or the parent(s) and/or guardian(s) if a minor. If the volunteer is of legal age, he or she may complete this form. Ride To Walk, Inc. is therapeutically oriented and controlled.

Participation will be under strict supervision, and although every effort will be made to avoid any accident, NO Liability can be accepted by any of the organizations or persons connected with Ride to Walk, Inc.

***I, the undersigned, as self, parent(s) and/or guardian(s) of _____ Self/minor, for and in consideration of the agreement of the above named facility, will hold harmless its officers, trustees, agents, employees, representatives, successors and assigns, for all manner of claims, demands, and damages of every kind and nature whatsoever which the undersigned or said minor may now or in the future have against the above named facility, its officers, trustees, agents, employees, representatives, successors or assigns, including but not limited to their negligence or gross negligence in rendering the services above described or in any way incidental thereto.**

_____ _____

*Printed signature of self (parent or guardian, if a minor) *Date

_____

*Signature of self (parent or guardian, if a minor)

*Name of Mother (if a minor) _____

*Cell Phone _____

*Name of Father (if a minor) _____

*Cell Phone _____

*Name of Guardian (if a minor) _____

*Cell Phone _____

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Information Form & Release of Liability — page 4

Authorization for Emergency Medical Treatment Form

*Name: _____ *DOB: ____/_____/_____ *Phone: _____
*Address: _____
*City: _____ *State: _____ *Zip Code _____
*Physician's Name: _____ *Preferred Medical Facility _____
*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 _____
Self, 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.

(If a minor) Parent or Legal Guardian will <u>always</u> 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_____
Self, Parent or Legal Guardian