



# Project R.I.D.E., Inc. Volunteer Application



## Contact Information

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer or School: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Parent/Legal Guardian Name and Address (if under 18):  
\_\_\_\_\_

How did you learn about Project R.I.D.E., Inc.? \_\_\_\_\_ May we add you to our mailing list?  YES  NO

*We periodically send notifications by mail or email to our volunteers about events or volunteer opportunities. Your contact information will be kept strictly confidential and will never be sold, lent or shared with anyone for any reason.*

## Your Volunteering Interests:

Please indicate the volunteer positions that interest you.

<i>Program</i>	<i>Administration</i>	<i>Other</i>
<input type="checkbox"/> Leader*	<input type="checkbox"/> Office Assistant	<input type="checkbox"/> Ranch Feeder*
<input type="checkbox"/> Sidewalker*	<input type="checkbox"/> Volunteer Ambassador	<input type="checkbox"/> Horse Hauler*
<input type="checkbox"/> Stable Chores	<input type="checkbox"/> Special Event Assistant	<input type="checkbox"/> Maintenance/Handyman
	<input type="checkbox"/> Board Member/Fundraiser	

*\*Please see volunteer agreement for restrictions and age requirements for these positions.  
Horse hauler and ranch feeder positions are located at our ranch in Herald.*

Please provide details about any prior experience you have with horses and/or people with special needs:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that all the information provided in this application is accurate to the best of my knowledge. I know of no reason why I should not participate in this center's program activities.

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

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Parent or Guardian's signature is required for anyone under the age of 18.*



# Project R.I.D.E., Inc. Volunteer Application



## Background Information

Have you ever been charged with or convicted of any crime? Y \_\_ N \_\_ Please explain:

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## Volunteer Liability Release

As a volunteer at Project R.I.D.E. Inc., I acknowledge the risks and potential for risks of a horseback riding program. However, I feel that the possible benefits to the clients that I work with and myself are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever, all claims for damages against Project R.I.D.E. Inc., its Board of Directors, Instructors, Therapists, Volunteers and/or Employees for any and all injuries and/or losses I may sustain while participating in Project R.I.D.E. Inc.   **Initial** \_\_\_\_ **Date** \_\_\_\_

## Confidentiality Agreement

I understand that all information (written and verbal) about participants at Project R.I.D.E. Inc. is confidential and will not be shared with anyone without the express written consent of the participant and their parent/guardian in the case of a minor.   **Initial** \_\_\_\_ **Date** \_\_\_\_

## Photo Release

I        \_\_\_\_            **DO**    or        **DO NOT**

*initial*

consent to and authorize the use and reproduction by Project R.I.D.E. 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:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Parent or Guardian's signature is required for anyone under the age of 18.*



# Project R.I.D.E., Inc. Volunteer Application



## Health History

Please describe your current health status, particularly regarding the physical/emotional demands of working in a therapeutic riding program. Address fitness, cardiac, respiratory, bone or joint function, and/or recent hospitalizations/surgeries. \_\_\_\_\_

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

Last Tetanus Shot: \_\_\_\_\_ Tuberculosis Clearance Date: \_\_\_\_\_

*Tuberculosis clearance is valid for two years and is required for all volunteers working with students at Jessie Baker Elementary. Please attach a copy of your current tuberculosis clearance. Tetanus shots are not required but are highly recommended.*

## IN CASE OF EMERGENCY

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phones \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_ Hospital \_\_\_\_\_ City \_\_\_\_\_

Insurance Provider \_\_\_\_\_ Plan # \_\_\_\_\_

*In case of emergency, I give permission to Project R.I.D.E. to secure medical treatment including x-ray, surgery, hospitalization and medication.*

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

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Parent or Guardian's signature is required for anyone under the age of 18.*

### Staff Use Only

Introduction & Arena Orientation Completion Date \_\_\_\_\_ Staff Sign Off \_\_\_\_\_

Entered in Database  Cleared to lead as of: \_\_\_\_\_ Notes:  Assisted Volunteer  Restricted Duties

Special Notes

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# Project R.I.D.E., Inc. Volunteer Application



*Note: The following guidelines are written for your health and safety needs and those of our riders, and are in no way meant to discourage anyone from being an important, contributing volunteer for this program.*

## Health Considerations

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An important factor in considering whether to volunteer in our classes is the ability to walk for 30-60 minutes at a time, with a minimal amount of occasional trotting during some lessons. Provisions can be made for the individual who is able to walk throughout the lesson, but is unable to run. We operate in an environment in which exposure to dust, hay, pollen, animals and other potential allergens should be expected. All volunteers who have any health considerations should discuss this activity with their doctor prior to becoming a volunteer.

## Dress Code

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Volunteers may not wear open-toed shoes or sandals into our arena. It is important that volunteers wear shoes or boots that offer foot protection and sure footing. Long pants and short or long-sleeved shirts are considered appropriate attire for this job. Volunteers are prohibited from wearing short-shorts, sagging pants, tank tops with spaghetti straps, dangling jewelry and perfume. (Perfume can attract bees and other biting insects.) Cell phones and personal music players are not permitted and should be left in your vehicle or stored in a locker and turned off. For your safety, please do not chew gum during class. During the cooler months, dressing in layers that can be removed if necessary is advised for comfort. Gloves may be worn, as well, for warmth and comfort.

## Minimum Age Requirements

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All volunteers assisting with lessons in our arena must be at least **14** years of age. Staff will determine the appropriate duties for all volunteers, taking into consideration the desires of each individual.

## Injuries

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Any volunteer who sustains even the slightest injury while at Project R.I.D.E., Inc. is **REQUIRED** to report the situation to any program staff at the time the injury occurs. If you do not report it immediately, you are putting yourself and the safety and integrity of the program at risk.

## Code of Conduct

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Volunteers are expected to conduct themselves in a professional manner and to show courtesy and respect to their fellow volunteers, our staff and students. Inappropriate behavior or language is grounds for dismissal. Smoking is not allowed anywhere on our premises. We appreciate your early arrival which allows us to conduct lessons in a timely manner. Leaders are expected to be present 30 minutes prior to the first lesson of their shift.

**Your signature indicates that you have read, understood and agreed to abide by these guidelines.**

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

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Parent or Guardian's signature is required for anyone under the age of 18.*