



Freedom Hooves

PO Box 963 ~ Craig, CO 81626 ~ Freedomhooves.org ~ freedomhooves@gmail.com ~ (970)701-9085

FREEDOM HOOVES VOLUNTEER APPLICATION 2017

Today's Date: _____ Please mark those categories that apply:

____ NEW volunteer ____ Returning volunteer ____ Parent of rider ____ Parent of youth volunteer ____ Other _____

Name _____ Birthdate _____

Phone (H) _____ (Cell) _____ (Wk) _____

Address/Apt # _____ City _____ State _____ Zip _____

E-mail _____ Employer/School _____

Name of Parent/Caregiver/Guardian (if applicable) _____ Phone _____

How did you learn about the program? ____ Newspaper ____ School ____ Radio ____ NARHA/PATH ____ Friend/Family

____ Freedom Hooves website ____ Flyer ____ Volunteer Fair ____ Other _____

Other non-profit agencies you have worked/volunteered for: _____

Horse Experience: ____ None ____ Minimal ____ Moderate ____ I owned/currently own a horse

Are you able to walk for 45 minutes and jog short distances in a sand arena? ____ YES ____ NO

Do you have any health issues or physical limitations we should be aware of (ex; lifting weight limit, allergies, breathing etc?)

Our volunteers help during their volunteer time by preparing horses for class, grooming, sidewalking, leading, mucking stalls, cleaning the barn, etc.

Please mark any ADDITIONAL areas below that you are willing to help with if the occasion arises:

____ Substitute List (will receive weekly e-mails with our substitute needs for the following weeks classes)

____ Facility maintenance (barn work, repairs, snow removal, mowing, upgrade projects)

____ Special Events (fundraisers, Special Rodeo, Special Olympics, volunteer orientations)

____ Office work (mailings, data entry, filing, phone calls, photo/video)

____ Other: Please list any skills, talents or abilities that might be helpful to FH _____



FREEDOM HOOVES VOLUNTEER Code of Ethics and Volunteer Job Description:

Volunteers are the Heart and Muscle of our program. As a volunteer it is important that you understand and accept the responsibilities of being a volunteer. Please read the responsibilities listed below and sign if you agree to follow these guidelines.

As a volunteer I WILL:

1. Listen and follow the directions of the Instructor at all times
2. Respect my fellow volunteers, riders, horses, staff and guests
3. Respect and support the decisions of staff and instructors in regard to the success of the program
4. Learn and stay well informed of Policies and Procedures
5. Actively participate in offered volunteer trainings
6. Help curtail any negative conversations or rumor related comments
7. Focus on the mission and needs of the organization not my own needs
8. Keep safety for myself and others in mind at all times
9. Always strive to be a more effective volunteer
10. Report ANY abnormal occurrences to the instructor immediately
11. The two main responsibilities of our volunteers are sidewalkers and horse leaders. **SIDE WALKERS** are responsible for the safety of riders. You help get horses ready for class, and assist your rider with helmeting and mounting. You guide your rider safely as he or she gets to know and care for the horse. During the class itself, your job is to prevent the rider from falling off, but **NOT** to hold him or her on the horse. Your instructor will give you directions on what type of hold to use with each rider.
12. If a rider needs two side walkers, one will speak to the rider, reinforcing Instructors directions and offering encouragement. The other side walker will remain silent to avoid confusion.
13. Be sure not to lean on the horse or rider, as it can disturb the rider and the horse.
14. Always keep your attention on the rider. Never become so relaxed that you are not aware of the rider, horse, leader, instructor and the activities around you.
15. **HORSE LEADERS** are responsible for the horses safety and control at all times. You reinforce riders signals to the horse and maintain proper distance from other horses in the class while walking, changing directions, and passing. You don't interact directly with the rider; that is the side walkers job. This role takes extensive horse experience, and if you are new to horses you will be assigned to sidewalk first. But do not hesitate to let us know if you want to learn to lead as well, and we can train you as you go.
16. Keep a minimum of two horse lengths between your horse and the horse in front of you.
17. Always lead the horse, just behind the horses head, holding the lead line. Make sure the lead rope is between the reins, not over them.
18. Make turns slowly. Allow space for the side walkers when next to a fence or obstacle.
19. **Before/After Class Duties:** (We ask that you please be flexible in helping with any and all duties as needed)
20. Water the indoor arena
21. Sweep concrete aisles Clean stalls and runs
22. Rake chaff hay and put in pasture
23. Fill horse water buckets
24. Clean/sweep tack room/bathroom Wipe down saddles/bridles

As a Freedom Hooves volunteer I agree to adhere to and be responsible for maintaining the above code of ethics and understand my responsibilities as a volunteer.

Signature of Volunteer _____ Date _____

Printed Name of Volunteer _____



FREEDOM HOOVES VOLUNTEER AGREEMENT 2017

LIABILITY RELEASE AGREEMENT

Colorado Equine Law - Warning: Under Colorado Law, an equine professional is not liable for an injury to, or the death of, participant in equine activities resulting from the inherent risks of equine activities pursuant to Section 13-21-119, Colorado Revised Statutes.

I would like my child/ward/self (print name) _____ to participate as a volunteer in the Freedom Hooves therapeutic riding program. I acknowledge the risks and the potential for the risks of horseback riding and working with horses, however, I feel that the possible benefits to my child/ward/self are greater than the risk assumed. I hereby intend to be legally bound for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Freedom Hooves Therapeutic Riding of Northwest Colorado, its Board of Directors, Instructors, Therapists, Aides, Volunteers, Employees, and/or Owners of Horses or Facility, for any and all injuries, death, property damage and/or losses my child/ward/I may sustain while participating in Freedom Hooves activities. I have been briefed on program policies and emergency procedures. I understand that non-compliance with the terms stated therein is grounds for suspension from and/or relief from my duties as a member of the Freedom Hooves Volunteer Corps.

Initials: _____ (Participant or Parent/Guardian) Date: _____

INCIDENT REPORTING

Volunteers are required to report any occurrences to Staff and Instructors whether it results in an injury or not. Examples include fires, natural disasters, crises arising out of misconduct, or other situations posing serious threat to the safety of others. This also includes serious injury from near-misses and other emergencies that may not result in immediately apparent injuries but are potentially harmful to personnel or participants. Examples may include an equine stepping on a human foot, difficulties encountered during transfers, equine bite, etc.

Initials: _____ (Participant or Parent/Guardian) Date: _____

CONFIDENTIALITY

We have a policy of confidentiality. Names, specific conditions, or other personal identification information are to be held in strict confidence. By all means, share the stories, the successes and the warmth, but please leave out the personal identification information. This includes detailed information that would identify clients, such as their names, challenges, or health information.

Initials: _____ (Participant or Parent/Guardian) Date: _____

PHOTO RELEASE

_____ I DO _____ I DO NOT Consent to and authorize the use and reproduction by Freedom Hooves of any and all photographs and any other audio visual material taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Initials: _____ (Participant or Parent/Guardian) Date: _____



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AUTHORIZATION FOR BACKGROUND CHECK 2017

I authorize Freedom Hooves to receive information from any reporting agency, law enforcement agency, including but not limited to police departments and sheriff's departments, of this state or any other state or federal government, sex offender registry, court and public records to the extent permitted by state and federal law, pertaining to any arrests, indictments, or convictions I may have had for violations of state or federal criminal laws including but not limited to, convictions for crimes committed upon children and/or animals. I understand that such access is for the purpose of considering my own or child's/ward's application as a volunteer. I expressly do not authorize Freedom Hooves, it's directors, officers, or employees to disseminate this information to any other individual, group, agency, organization, or corporation except law enforcement agencies.

Has applicant ever been convicted of a felony? _____ If yes, explain completely on back of this page.

Under penalty of perjury, I assert that the information provided above is accurate to the best of my knowledge and I agree to the terms stated above.

Initials: _____ (Participant or Parent/Guardian) Date: _____

SOBRIETY PLEDGE

I will not take or be under the influence of alcohol or any legal or illegal drugs while working with Freedom Hooves that may impair my ability to carry out duties in a safe manner while volunteering with Freedom Hooves.

Initials: _____ (Participant or Parent/Guardian) Date: _____

Under penalty of perjury, I assert that the information provided above and on the previous page is accurate to the best of my knowledge and I agree to the terms stated in the Liability Release, Incident Reporting, Confidentiality, Photo Release, Authorization for Background Check, and Sobriety Pledge above.

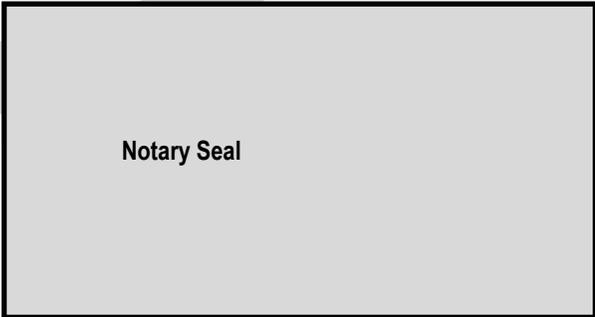
Signature: _____ Date: _____
(Participant or Parent/Guardian)

This document must be witnessed and signed in the presence of a Notary.

Subscribed and sworn before me in the County of _____, State of Colorado, this _____ day of _____, 2017.

Notary's Official Signature

Commission Expiration





FREEDOM HOOVES VOLUNTEER'S AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT 2017

Volunteer Name: _____ **DOB:** _____

Address: _____ **City:** _____ **State:** _____

Emergency Contact: _____ **Phone:** _____

Physician's Name: _____ **Phone:** _____

Preferred Medical Facility: _____

Health Insurance Co.: _____ **Phone:** _____

Policy #: _____ **Group #:** _____

In the event emergency medical aid or treatment is required due to illness or injury during the process of volunteering, or while being on the property of Morning Star Equestrian Activities, Inc., I authorize Freedom Hooves to:

- Secure and retain medical treatment and transportation if needed.
- Release any records upon request to the authorized individual or agency involved in the medical emergency treatment. Emergency medical treatment is at my expense.

This authorization includes x-ray, surgery, hospitalization, medication and any treatment or procedure deemed "life saving" or necessary by a medical care provider. I hold Freedom Hooves harmless for any expenses incurred in my interests.

Signature (Volunteer or Parent/Legal Guardian): _____ **Date:** _____

Printed Name (if other than volunteer): _____