



**Connecting the healing power of the horse
with the needs of the community!**

900 Johnson Road • PO BOX 963 • Craig, CO 81625 • (970)701-9085 • freedomhooves.org

2020 Volunteer Application—volunteer info page:

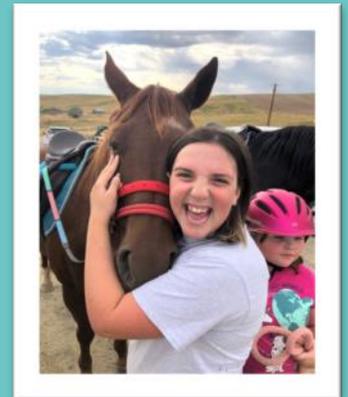
Freedom Hooves' Vision: "To become the foremost professional non-profit enriching people's mind, body, and spirit through partnership with horses."

Freedom Hooves' Values: Acceptance, Dedication, Collaboration, Growth and Harmony

Equine Assisted Activities and Therapies (EAAT) offers a new-found freedom to many children and adults with disabilities and life challenges. Freedom Hooves was formed in 2012 to provide therapeutic horsemanship in Craig, where these types of resources are limited. We are a Professional Association of Therapeutic Horsemanship International (PATH) Member Center reaching over 50 participants, their families, over 100 volunteers and even more community members each year. Participants and their families often volunteer and even serve on our Board of Directors. Freedom Hooves enriches lives by offering targeted achievement of personal goals through our various programs. Participants served include those with various challenges, abilities and disabilities such as ADD or other Hyperactivity Disorder, Alzheimer's/Dementia, Amputee, At Risk Youth, Autism, Cerebral Palsy, Developmental Delay or Disability, Genetic Conditions/Disorders, Head Trauma/Brain Injury, Hearing Impairment, Intellectual Disability, Learning Disability, Multiple Sclerosis, Muscular Dystrophy, Orthopedic Issues, Paralysis, PTSD, Speech Impairment, Spina Bifida, Spinal Cord Injury, Stroke, Substance Abuse, Terminal Illness, Abuse or Trauma, Visual Impairment, Emotional Challenges and Weight Control Disorders.

PROGRAMS

Therapeutic Horsemanship Program: Enriching mind, body, and spirit. | **Ranch Hand Program:** Transforming lives of youth overcoming challenges through job skills and horsemanship. | **Family Services Program:** Developing family identities for success. | **Baby Boomers and Beyond:** Enhancing well-being for older citizens. | **Horizon's Specialized Services Program:** Brightening life value and wellness for multi-limited adults. | **Veteran's/First Responder's Program:** Coming alongside through horse & human bonding. | **Operation Unicorn:** Delivering joy and comfort to those who cannot come to us. | **Tuesday Night Training:** Preparing the herd; optimizing dynamic benefits for volunteers.



Utilizing EAAT, about 70,00 children and adults, including more than 6,700 veterans, find a sense of health, wellness, independence and fun worldwide. Freedom Hooves Therapeutic Riding of Northwest Colorado is beginning its 9th year and we would like to invite you to impact lives in our region by connecting the healing power of the horse with the needs of our community. Research shows that individuals of all ages who participate in Equine Assisted Activities and Therapies can experience mental, physical and emotional rewards.

Under the helm of our Program Director, Talisha Christiansen, participants and volunteers alike will experience personal benefits through our 2020 season, running April through October. Volunteers are encouraged to engage, learn, grow, and experience the magic of connecting the healing power of the horse with the needs of the community. Whether you have no horse knowledge or are an equine professional, abled or disabled, there is a place here for you to invest your talents. Together we can enrich lives and make a difference in the Yampa Valley!

Keep this page! Do not include when returning the application



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FREEDOM HOOVES VOLUNTEER Code of Ethics and Volunteer Job Description:

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. Volunteers are the Heart and Muscle of our organization. As a volunteer it is important that you understand and accept the responsibilities of being a volunteer (If there are things you don't feel comfortable with or are unable to do, please speak with our Program Director for accommodations!) We aim to provide a role for everyone, so not all the following will apply to each volunteer; just don't "work against us!" Please read the responsibilities listed below and sign if you agree to follow these guidelines.

As it fits the position I've agreed to cover, as a volunteer I WILL:

1. Arrive at least **15 minutes prior** to any scheduled lesson
2. Listen and **follow the directions** of the Instructor at all times
3. **Respect** my fellow volunteers, riders, horses, staff and guests
4. Respect and **support the decisions** of staff and instructors in regard to the success of the program
5. Learn and stay well informed of **Policies and Procedures**
6. Actively participate in offered **volunteer trainings**
7. **Help curtail any negative conversations or rumor related comments**
8. **Focus on the mission** and needs of the organization not my own needs (except those that involve safety!)
9. Keep **safety** for myself and others in mind at all times
10. Always strive to be a more effective volunteer
11. **Report ANY** abnormal occurrences to the instructor immediately
12. **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.
 - 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.
 - Be sure not to lean on the horse or rider, as it can disturb the rider and the horse.
 - 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.
13. **HORSE LEADERS** are responsible for the horse's 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 or jogging, changing directions, and passing. You **don't interact directly with the rider**; that is the side walker's job. This role takes extensive horse experience, and if you are new to horses you will be assigned to sidewalk first. Do not hesitate to let us know if you want to learn to lead as well, and we can train you as you go.
 - Keep a minimum of **two horse lengths** between your horse and the horse in front of you.
 - 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.
 - Make turns slowly. **Allow space for the side walkers** when next to a fence or obstacle.
 - Before/After Class Duties: (We ask that you please be flexible in helping with any and all duties as needed)
14. **Water** the indoor arena; some volunteers have offered to come early each morning just to do this one job!
15. **Sweep** concrete aisles Clean stalls and runs (sometimes many times per day)
16. **Clean manure and urine** from stall, paddock, arena and barn as needed (sooner the better)
17. **Remove manure** from arena during lessons (must be an unassigned volunteer, not horse leader or sidewalker); great youth job
18. Rake chaff hay and put in pasture
19. Fill horse **water** buckets in stalls
20. **Clean/sweep** tack room/bathroom
21. Get **tack** ready for lessons and put tack away after lessons. Wipe down saddles/bridles or clean as needed
22. **Pre-groom** horses for some lessons
23. Assist moving horses from place to place
24. Help with other daily chores
25. Follow all Morning Star and Freedom Hooves **rules** and regulations posted in the barn.

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FREEDOM HOOVES THERAPEUTIC RIDING OF NORTHWEST COLORADO
VOLUNTEER APPLICATION 2020—Please return ASAP

Name Birthdate
NEW volunteer Returning volunteer (since year began volunteering) Parent of rider Parent of volunteer
Phone (H) (Cell) (Wk)
Address/Apt # City State Zip
E-mail Employer/School

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

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

Horse Experience:

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?) YES NO

If yes, explain:

If you plan to ride a horse, what is your weight (must match to horse's weight limit)

I WANT TO HELP WITH (check all that apply):

- Preparing for lessons, (grooming, help with feeding, set up the arena, mucking stalls, cleaning the barn, etc.)
Assisting during lessons (horse leader, side walker, assist instructor as an extra hand with lesson)
Substitute List (call me when there has been a cancellation; my schedule can be flexible to fill a need)
Facility maintenance (barn work, landscaping, repairs, snow removal, mowing, upgrade projects)
Special Events (fundraisers, County Fairs, volunteer orientations, etc.)
Assist Board of Directors, serve on committees, specialty advising (finance or grant writing committee, etc.)
Office work (mailings, data entry, filing, phone calls, photo/video)
Supervision of participants and volunteers during projects
Help maintain Freedom Hooves Social Media, website, newsletter, help with grant writing, etc.
Photography!! Videography!! Such an important piece, and an area we need help and improvement
Other: Please list any skills, talents or abilities that might be helpful to FH

What benefits do you hope to gain from your experiences at Freedom Hooves? What excites you the most to be volunteering with Freedom Hooves? What else would you like for us to know about you?



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AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

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): _____



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FREEDOM HOOVES VOLUNTEER AGREEMENT 2020

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. (full copy available upon request)

I would like my child/ward/self (print name) _____ to participate as a volunteer in the Freedom Hooves therapeutic riding organization. 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 Team.

Initials: _____ (Participant or Parent/Guardian)

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 any situations posing serious threat to the safety of others. This also includes "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)

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)

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)

AUTHORIZATION FOR BACKGROUND CHECK 2020

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. Freedom Hooves, it's directors, officers, or employees does not disseminate this information to any other individual, group, agency, organization, or corporation except law enforcement agencies and or the facility owners, Morning Star Equestrian Activities.

Has applicant ever been convicted of a felony? _____ If yes, explain completely on a separate page and attach it to this application.

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)

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)



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Under penalty of perjury, I assert that the information provided 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.

This document must be witnessed and signed in the presence of a Notary. (Notaries can be found at banks, courthouses, etc. Please let us know if you are having difficulty locating one; we can help direct you.)

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

Subscribed and sworn before me in the County of _____, State of Colorado, this _____ day of _____, 2020.

Notary's Official Signature

Commission Expiration

