



**Front Range Exceptional Equestrians**

**PO Box 272452**

**Fort Collins, CO 80527**

**Office (970) 443-5124**

**A PATH International Premier Accredited Center**



## **VOLUNTEER FORMS 2020**

Today's Date \_\_\_\_\_ Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Street/ Box

City \_\_\_\_\_ Zip \_\_\_\_\_

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

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

Date of Birth \_\_\_\_\_ Occupation \_\_\_\_\_

Parent/ Legal Guardian Name/ Address if volunteer under 18 \_\_\_\_\_

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

Have you ever volunteered in a therapeutic riding program before? Please explain \_\_\_\_\_

Do you have any physical limitations which might affect your ability to assist a disabled client during a 60 or 90 minute riding lesson?

Do you have any experience working with disabled individuals? \_\_\_\_\_

Do you have any experience transferring a disabled person from a wheelchair or walker? If yes, would you be willing to be trained to help with mounting riders on horses? \_\_\_\_\_

Do you have experience working with horses/ponies? Please explain \_\_\_\_\_

Would you be comfortable walking for an hour in sand or dirt? Yes No

Can you jog for short distances? Yes No

Can you hold your arm above shoulder height and support a modest weight for 30 minutes or more? Yes No

Do you have any allergies/ asthma that may affect your work in the barn? Please explain Yes answers

If you are 12-14 years old, are you a member of 4-H or Pony Club? Other horse organization member? \_\_\_\_\_

**Please indicate the days and times you would be available for volunteer activities for the program:  
Circle day(s)/time(s) available**

Monday      Tuesday      Wednesday      Thursday      Friday      Saturday  
   Mornings      Afternoons      Evenings

**Check areas you are interested in, (you may choose more than one):**

**Program**

**Special Events**

**Administration**

- |  |   |   |
|--|---|---|
| <input type="radio"/> Horse Handling                 | <input type="radio"/> Horse Show            | <input type="radio"/> Board of Directors      |
| <input type="radio"/> Sidewalking with a student     | <input type="radio"/> Fundraising Events    | <input type="radio"/> Budget & Finance        |
| <input type="radio"/> Tack/ Equipment cleaning       | <input type="radio"/> Trail-a-Thon          | <input type="radio"/> E-Newsletter            |
| <input type="radio"/> Class Assistant for Instructor | <input type="radio"/> Photo/Video Recording | <input type="radio"/> Grant Writing           |
| <input type="radio"/> Volunteer recruitment          | <input type="radio"/> Larimer County Fair   | <input type="radio"/> Social Media/ Publicity |

**Which location do you want to volunteer for?** Legacy      CSU      Either

**If you prefer to volunteer at CSU, as indicated above, which of the following shift times would be most convenient for you? Please select any of the times that would work for you. (You may include more than one, if your schedule permits. This does not mean you must volunteer for more than one shift, however.)**

5-6:30pm \_\_\_\_\_      5:30-7pm \_\_\_\_\_      6:30-8pm \_\_\_\_\_      7-8:30pm \_\_\_\_\_

**The Job I most prefer to have:**

Weekly class volunteer assisting the riders \_\_\_\_\_

Work on Projects/ Committees (I have checked areas of interest above) \_\_\_\_\_

I would prefer to volunteer as a Substitute on occasion rather than commit to a 6 week session. \_\_\_\_\_

**How much notice do you need to get to classes to sub?**

Not interested in being a sub \_\_\_\_\_

30 minutes or less \_\_\_\_\_

1 hour or more \_\_\_\_\_

At which location can you sub? Legacy      CSU      Either

**I certify the information provided above is accurate to the best of my knowledge. I know of no reason why I should not participate in this center's program.**

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

**All Volunteers MUST Complete and sign these releases. If under 18 a Parent or Guardian must sign.**

**Photo Release**

I  DO  DO NOT  consent to and authorize the use and reproduction by Front Range Exceptional Equestrians of any and all photographs and other audiovisual material taken of me/my child/ my ward for promotional printed material, educational activities, exhibitions, posting on social media or website or for any other use for the benefit of the Front Range Exceptional Equestrians program.

\_\_\_\_\_  
Volunteer, Parent or Legal Guardian

Date \_\_\_\_\_

**Confidentiality Policy**

Staff, Volunteers, Clients and their families have a right to privacy that gives them control over the dissemination of their medical and other sensitive information. Front Range Exceptional Equestrians will preserve the right of confidentiality for all individuals in this program. The policy includes keeping confidential all medical, social, referral, personal and financial information regarding a person and his/her family. Anyone who works for or volunteers for Front Range Exceptional Equestrians therapeutic riding program is bound by this policy. This includes but is not limited to: full and part-time staff, independent contractors, temporary employees, interns, volunteers, and board members and applies whether the information is obtained in the course of your work here or accidentally.

Disclosure of medical or sensitive information to individuals within Front Range Exceptional Equestrians will only occur on a need to know basis, so that appropriate services may be provided to the client. Disclosure of information to outside agencies or individuals will only occur with specific written consent of the participant, volunteer or parent/ legal guardian.

Breach of confidentiality whether accidental or intentional will result in penalties ranging from reprimand, loss of job responsibilities, or termination depending on the circumstances of the incident.

**By Signing below I state that I understand and will observe the Confidentiality Policy of Front Range Exceptional Equestrians therapeutic riding program.**

Signature of volunteer \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent if under 18 \_\_\_\_\_ Date \_\_\_\_\_

**Liability Release**

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

\_\_\_\_\_(Name) requests participation as a volunteer in the Front Range Exceptional Equestrians therapeutic riding program. I acknowledge the risks and potential risk of injury during horseback riding therapy and working with horses. However, I feel that the possible benefit warrants assumption of these risks. I hereby, intending to be legally bound, for myself, my heirs, and my assigns, executors and administrators, waive and release forever all claims for damages against Front Range Exceptional Equestrians, its Board of Directors, Instructors, Therapists, Aides, Interns, Volunteers, Horse Owners, Property Owners, and/ or Employees for any and all injuries and /or losses that I/ my child/ my ward may sustain while participating as a volunteer in Front Range Exceptional Equestrians therapeutic riding program.

\_\_\_\_\_  
Signature of person releasing liability

Date \_\_\_\_\_

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Relationship to Volunteer

**EMERGENCY CONTACT INFORMATION**

**Whom should we contact in case of emergency during your time at Front Range Exceptional Equestrians?**

**Name** \_\_\_\_\_ **Contact/ Cell Phone** \_\_\_\_\_

**Address** \_\_\_\_\_

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**Optional Additional Contact: Name** \_\_\_\_\_

**Contact Phone** \_\_\_\_\_ **Cell/ Other Phone** \_\_\_\_\_

Please list any health or medical condition which may affect your safety and that emergency personnel should be aware of ( allergy to bees or insects or medication, asthma, diabetes, seizures, hearing impairment, limited mobility, balance difficulty, visual impairment, etc.)

If an emergency situation (such as severe injury, bleeding, unconsciousness, seizure, etc) occurs during your time volunteering at Front Range Exceptional Equestrians, the staff/instructor will contact 911 to call paramedics and an ambulance for treatment and possible transport to a local hospital. The Emergency Contact you list above will be contacted as well.

### FRONT RANGE EXCPTIONAL EQUESTRIANS Volunteer Expectations and Code of Conduct

As a Volunteer, I agree and am committed to the following:

Personal Conduct/ Responsibility

- ◇ I will be dependable, and on time to classes, recognizing the commitment and responsibility to my volunteer assignments.
- ◇ I will accept assignments consistent with my interest, abilities and available time.
- ◇ I will accept assignments with an open mind and willingness to learn.
- ◇ I will accept feedback from staff/ instructor/ volunteer coordinator in order to do the best job possible.
- ◇ I will address any concerns or problems by speaking directly with the colleague/staff with whom I have the concern and when necessary report such to higher level staff as defined in the chain of command.
- ◇ I will freely share appropriate knowledge and training with new volunteers to ensure a safe, productive lesson.

Respect

- ◇ I will treat all individuals with a sense of dignity, respect, and worth. I will be nonjudgmental about each person with whom I work.
- ◇ I will avoid profane and abusive language and disruptive behavior that is dangerous to self and others.
- ◇ I will respect all confidential information.
- ◇ I will respect and use all equipment appropriately and as required for my assignment making sure all equipment is returned properly after class. I will not use Front Range Exceptional Equestrians equipment /resources for personal use.
- ◇ I will respect the decisions of Front Range Exceptional Equestrians Instructors and Board of Directors.

Safety

- ◇ I will not use, possess or be under the influence of alcohol or illegal drugs while volunteering with the Front Range Exceptional Equestrians program.
- ◇ I will always wear a helmet when riding a horse for the program.
- ◇ All items of clothing that I wear when volunteering will be suitable for the arena work environment and will not contain offensive or objectionable slogans or graphics.
- ◇ I will follow safe workplace practices, including participating in applicable education sessions, using appropriate personal safety equipment and reporting accidents, injuries and unsafe situations or equipment.

Volunteers who do not adhere to the rules and procedures of Front Range Exceptional Equestrians., or who fail to satisfactorily perform their volunteer assignment are subject to dismissal. No volunteer will be terminated until the volunteer has had an opportunity to discuss the reasons for possible dismissal with supervisory staff. Possible grounds for dismissal may include, but are not limited to, the following: gross misconduct or insubordination, theft of property or misuse of agency materials, abuse or mistreatment of clients, staff, other volunteers or horses, failure to abide by agency policies and procedures and/ or failure to satisfactorily perform assigned duties.

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

Printed Name \_\_\_\_\_