



# Welcome Potential Volunteers!



Thank you for your interest in volunteering for Ride To Walk. Ride To Walk is a non-profit therapeutic horseback-riding program for individuals with neurological challenges.

## Riding Therapy Session Volunteers

Our riding therapy session volunteers fill a special role in the therapy 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. Many friendships and special bonds are formed during these sessions. This program is a rewarding and exciting experience for both the rider and the volunteer.

### **Riding Therapy Volunteer Job Descriptions**

**Groomer:** Volunteer should have equine background and experience or willingness to learn. Must arrive at the arena one half hour prior to session in order to groom and tack horses. Volunteer needs to attend a Grooming and Tacking In-Service before he/she can perform this role. Volunteer needs to be at least 14 years old.

**Side walker:** Volunteer will walk beside the horse and rider. Some light jogging may be necessary when trotting. Usually, two side walkers are used for each rider; one on either side of the horse. Riding sessions are for 30-minute intervals. Volunteer should be in good health and mentally alert. Volunteer needs to be at least 14 years old.

**Horse Leader:** Volunteer should have equine background and experience. This person is in charge of the horse until the instructor releases him/her from duty. The leader is responsible for controlling the horse's pace and movements in response to the rider's ability. Volunteer should be in good health so that he/she can keep up with the horse at a brisk walk or jog when trotting. Volunteer needs to be at least 16 years old.

**Grooming Station Monitor:** Volunteer should have equine background and experience or willingness to learn. Volunteer will assist riders in grooming at the grooming station. Volunteer needs to attend a Grooming and Tacking In-Service before he/she can perform this role. Volunteer needs to be at least 14 years old.

**Arena Monitor:** Volunteer is responsible for coordinating sidewalkers and horse leaders with riders. Volunteer is present during the entire riding session and becomes familiar with the riders, families and volunteers for that riding session. Volunteer needs to be at least 16 years old.

**Arena Assistant:** Volunteer is responsible for assisting with the gates, toys and props for the children, etc. Volunteer needs to be at least 14 years old.

## Riding Therapy Volunteer Qualifications:

- Must be physically able to work a 3 ½ hour session.
- Must be able to make cognitive decisions and capable of learning and understanding written material.
- Volunteers need to make a commitment to one riding session per week for a 6-month period.
- Volunteers need to be at least 14 years old, be at least 5 feet tall and weigh at least 100 pounds.
- Complete the mandatory training sessions.

## Riding Therapy Session Times:

Our program needs volunteer workers for all of the riding therapy sessions. The current schedule for our regular riding therapy sessions is set forth below (*The schedule is different during the summer months*). We schedule volunteer workers for the riding therapy sessions based on the volunteer's skills and interests as well as our program needs.

Thursday:	3:00 p.m. – 6:30 p.m.
Friday:	10:00 a.m. – 12:00 p.m.
Friday:	2:30 p.m. – 6:00 p.m.
Saturday:	8:30 a.m. – 12:00 p.m.

## Other Volunteer Opportunities

**Videographer:** Volunteer is responsible for working with our therapists to record individual rider therapy sessions at regular intervals during the calendar year so that we can document and track each rider's progress in the program. Experience with video and other recording media is required. Volunteer needs to be at least 18 years old.

**Additional Help:** Volunteers with various skills are needed on a consistent basis to work at various special event fund-raisers, including our annual Niello VW Car Show and Ranch Run, Boots & Scoots BBQ and Barn Dance and to assist in the upkeep of the *Ride To Walk* property. If you have a particular skill, expertise or interest (i.e. writing letters for newsletters, photography, public speaking, etc.) that you would like to share, *Ride To Walk* can use your help!

Our riding facility is located at 1630 Highway 193 in Lincoln, CA 95648. We are directly across from Turkey Creek Golf Course on Highway 193, mid-way between Highway 65 and Sierra College Boulevard.

Without the dedicated assistance of our wonderful volunteers, we would be unable to provide this program. If you have further questions, please do not hesitate to call us at (916) 434-0693 or email us at [ridetowalk@sbcglobal.net](mailto:ridetowalk@sbcglobal.net). Please return this application to 1630 Hwy 193, Lincoln or mail to P.O. Box 1354, Lincoln, CA 95648.

We look forward to hearing from you soon.

Ride To Walk  
A Therapeutic Horseback Riding Program



P.O. Box 1354, 1630 Highway 193, Lincoln, CA 95648  
916-434-0693  
ridetowalk@sbcglobal.net, www.ridetowalk.org



### Information Form & Release of Liability

#### General information

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

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Employer/School: \_\_\_\_\_

Address: \_\_\_\_\_

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

Parent/Legal Guardian Name and Address: \_\_\_\_\_

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

Recent medical tests:

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.

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

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

#### Check which areas you are interested in:

Wednesday     Thursday     Friday     Saturday     Other: \_\_\_\_\_

#### Program

- Horse handling
- Side walking with a student
- Stable management
- Facility Repairs

#### Special Events

- Barn Dance
- Fundraising
- Golf Tournament
- Other

#### Administration

- Public Relations
- Grant Writing
- Newsletter
- Volunteer Recruitment
- Photography/Video
- Budget & Finance
- Future Planning

I understand that 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: \_\_\_\_\_

*(participant/volunteer/staff; signed in presence of center staff)*

## Information Form & Release of Liability - Page 2

### Photo Release

- I  DO  
 DO NOT

consent to and authorize the use and reproduction by Ride To Walk 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 center.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(participant/volunteer/staff)*

### Background Information

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

\_\_\_\_\_

I, \_\_\_\_\_ (volunteer/staff), 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 an employee/volunteer, and that I expressly DO NOT authorize the NARHA center, its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization, or corporation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(participant/volunteer/staff)*

CURRENT DRIVER'S LICENSE Y N LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

### Confidentiality Agreement

I understand that all information (written and verbal) about participants at this NARHA center 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: \_\_\_\_\_  
*(participant/volunteer/staff)*

Information Form & Release of Liability - Page 3

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

Address/City/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

**Participant/Volunteer/Staff Liability Release**

No participant/volunteer/staff can be accepted for service until this form as been completed by the parent(s) and/or guardian(s) if a minor. If the participant/volunteer/staff is of legal age, he or she may complete this form. Ride To Walk, Inc. is therapeutically oriented and controlled. All participant/volunteer/staff and horses have been specially selected and trained. Safety equipment is used for all riders since riding is a risk exercise.

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 on account of any personal injuries, physical or mental condition, known or unknown, to the person of the undersigned or said minor, and the treatment thereof, as a result of or in any way growing out of the acts of 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.

\_\_\_\_\_  
Signature of self, parent(s) or guardian(s)

\_\_\_\_\_  
Date

Name of Mother (if a minor)\_\_\_\_\_

Home phone\_\_\_\_\_ Work phone\_\_\_\_\_

Name of Father (if a minor)\_\_\_\_\_

Home phone\_\_\_\_\_ Work phone\_\_\_\_\_

Name of Guardian (if a minor)\_\_\_\_\_

Home phone\_\_\_\_\_ Work phone\_\_\_\_\_



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ridetowalk@sbcglobal.net, [www.ridetowalk.org](http://www.ridetowalk.org)



### Authorization for Emergency Medical Treatment Form

Participant     Staff     Volunteer

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Preferred Medical Facility: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

**(Please attach a copy of your insurance card to this application)**

Allergies to medications: \_\_\_\_\_

Current medications: \_\_\_\_\_

In the event of an emergency, contact:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event 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 "life saving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

Date: \_\_\_\_\_ Consent Signature: \_\_\_\_\_  
Client, Parent or Legal Guardian    *(Signed in presence of center staff)*

#### 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.

- Parent or legal guardian will remain on site at all times during equine assisted activities
- In the event emergency treatment/aid is required; I wish the following procedure to take place: \_\_\_\_\_

Date: \_\_\_\_\_ Consent Signature: \_\_\_\_\_  
Client, Parent or Legal Guardian    *(Signed in presence of center staff)*

# **ARENA PROCEDURES**

## **OPENING**

1. Arena
  - Sweep blocks
  - Place cones and poles around arena
  - Bring out black toy box and balls
  - Place puppets on top of poles and/or in mailbox
2. Observation Deck
  - Set up coffee and/or food
3. Attendance Books
  - Volunteer Sign-In book open to correct page
  - Rider Sign-In Book open to the correct page

## **DURING PROGRAM**

1. Riders Check-In
  - Rider has helmet on and fitted before entering the arena
2. Volunteers
  - Volunteer has rider activity card for each rider
  - Two volunteers greet and escort rider into the arena
3. Parents
  - Observe your child riding
  - Supervise other siblings
  - Do not feed the horses during program

## **CLOSING**

1. Arena
  - Cones and poles returned to corners
  - Puppets and toys put in black toy box and returned with balls to observation deck
2. Observation Deck
  - Deck swept
  - Chairs and food table straightened and/or cleaned up
3. Attendance Books
  - Volunteer sign-in book- Volunteers signed in
  - Rider sign in book-Riders signed in