

Drop off or mail application to 2460 Delmar Ave., Penryn, CA 95663

Email preferred: ridetowalk@sbcglobal.net



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 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 are formed during these sessions. With the multitude of changes that often occur, the program allows for rewarding and exciting experience for both the rider and the volunteer.

Riding Therapy Volunteer Job Descriptions

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 each side of the horse. Riding sessions are for 30-minute intervals. Volunteers should be in good health and mentally alert. Volunteer needs to be at least 16 years old.

Groomer/Grooming Monitor: Volunteer should have an equine background and experience or willingness to learn. Must arrive at the arena one hour prior to the session 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 16 years old.

Horse Leader: Volunteer must have some equine background and experience. This person oversees 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. Volunteers 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.

Arena Monitor: Volunteer is responsible for coordinating side-walkers and horse leaders with riders. Volunteers are 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 16 years old.



Drop off or mail application to 2460 Delmar Ave., Penryn, CA 95663

Email preferred: ridetowalk@sbcglobal.net

Riding Therapy Volunteer Qualifications:

- ® Must be physically able to work a 3 ½ hour session with breaks.
- ® 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 16 years old to work with the horses, 16 years old to work with the riders, be at least 5 feet tall and weigh at least 100 pounds.
- ® Complete the mandatory in-service training sessions.

Riding Therapy Session Times:

Our program needs volunteer workers for all the riding therapy sessions. The current schedule for our regular riding therapy session is listed below. (The schedule changes 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.

THURSDAYS: Summer-- 9:30 am – 12:00 pm / Fall & Spring -- 1:30 -- 5:00 pm

SATURDAYS: 9:30 am – 1:00 pm

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.

Fundraising: There are various fundraisers that require assistance with greeters, parking, ticket sales, baked home goods, beverage sales, etc...

Additional Help: Volunteers with various skills are needed on a consistent basis to work 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!

Without the assistance of our wonderful volunteers, we would be unable to provide this program. We look forward to you joining our work staff. If you have further questions, please do not hesitate to call us at (916)791-2747 or email us at ridetowalk@sbcglobal.net.

Our riding facility is located at 2460 Delmar Ave Penryn, CA 95663.

We look forward to hearing from you soon.



Drop off or mail application to 2460 Delmar Ave., Penryn, CA 95663

Email preferred: ridetowalk@sbcglobal.net

Information Form & Release of Liability

General Information

Name _____ Date _____

Address _____

City _____ State _____ Zip code _____

Date of Birth _____ Phone (H) _____ (Cell) _____

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.

General

Health: _____

Allergies: _____

Medications: _____

Check which areas you are interested in:

☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Other _____

Program

☐ Horse Handling ☐ Barn Dance

☐ walker w/Rider ☐ Fundraising

☐ Stable Management ☐ Golf Tournament

☐ Facility Repairs ☐ Office Work

Special Events

Administration

☐ Public Relations ☐ Photography/Video ☐ Side-

☐ Grant Writing ☐ Budget & Finance

☐ Newsletter ☐ Future Planning

☐ Recruiting Volunteer

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 program.

Signature _____ Date _____

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

Information Form & Release of Liability – page 2



Drop off or mail application to 2460 Delmar Ave., Penryn, CA 95663

Email preferred: ridetowalk@sbcglobal.net

Photo Release

☐ 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 Program Center.

Signature _____ Date _____
(participant/volunteer/parent)

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 program center, its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual.

Signature: _____ Date: _____
Participant/volunteer/parent

CURRENT DRIVER'S LICENSE Y N LICENSE # _____ 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/parent

Name _____

Address/City/Zip _____



Drop off or mail application to 2460 Delmar Ave., Penryn, CA 95663
Email preferred: ridetowalk@sbcglobal.net

Home Phone _____ Work/Cell Phone _____

Participant/Volunteer/Staff Liability Release

No participant/volunteer/staff can be accepted for service until this form has 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, 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/Cell _____

Name of Father (if a minor) _____

Home Phone _____ Work/Cell _____

Name of Guardian (if a minor) _____

Home Phone _____ Work/Cell _____

Authorization for Emergency Medical Treatment Form

Name: _____ DOB: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code _____

Physician's Name: _____ Preferred Medical Facility _____



Drop off or mail application to 2460 Delmar Ave., Penryn, CA 95663
Email preferred: ridetowalk@sbcglobal.net

Health Insurance Company: _____ Policy #: _____

Allergies to medications: _____

Current Medications: _____

In the event of an emergency, contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

In the event of an 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 "lifesaving" 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

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 of an emergency treatment/aid is required, I wish the following procedure to take place:

Date: _____ Consent Signature _____
Client, Parent or Legal Guardian

