



CINCINNATI THERAPEUTIC RIDING AND HORSEMANSHIP

1342 U.S. Highway 50, Milford, Ohio, 45150

Phone: 513-831-7050 / Fax: 844-716-2708

Email: Laura.Kursman@ctrhequinetherapy.org

www.ctrhequinetherapy.org

NEW VOLUNTEER APPLICATION - 2019

Replaces the Volunteer Info/Consent and Confidentiality forms

Thank you for your interest in volunteering with CTRH! Please complete and return all six (6) pages of this form in full, including the following questionnaire. Do not leave any questions blank.

Please note: CTRH cannot accept applicants into volunteer programs who have been arrested for, or convicted of, crimes against persons and/or animals. All volunteers (age 18 and over) completing this form must complete a background check prior to volunteering. More information about that process will be given at your training. Register for an upcoming Training Session on Page 6.

Name: _____ Date: _____

Phone Number (cell/home/work): _____

Email (please print clearly): _____

Home address: Street: _____

City/State/ Zip: _____

Birth Date: (minimum age 14) _____ Height: _____

Employer/School: _____ Address: _____

Volunteer Questionnaire

How did you hear about CTRH?

- | | | | |
|------------------|--------------------------|----------------------------|------------|
| ___ School | ___ Local News/Newspaper | ___ Volunteer Agency/Fair | ___ Other: |
| ___ CTRH Website | ___ Driving by facility | ___ Friend/Other Volunteer | _____ |

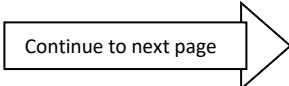
Do you have experience working with horses? Little/None Some Considerable

Please describe briefly: _____

Are you comfortable working around horses? Yes No

Do you have training or experience working with people with disabilities? Yes No

Please describe briefly: _____



Office use only:

- Questionnaire Photo Confidentiality Release Medical Job Description Background Screen Reference Check

Training date: _____ 1:1 Group Training SW HL



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Volunteer Questionnaire (continued)

Volunteer's Name (please print): _____

Are you able to walk for 45 minutes and jog short distances? Yes No (Explain)

What is your availability? Weekday Mornings Weekday Afternoons

(Check all that apply) Saturday Mornings Weekday Evenings (Tues, Wed., Thurs.)

Given a chance to change sides, are you able to hold your arm above shoulder height and support a rider's weight?

Yes No

Do you have any health issues or physical limitation that we should be aware of? Yes No

If yes, please describe: _____

Please provide a minimum of one reason you are interested in volunteering for CTRH: _____

Please list the names of any programs or agencies you have volunteered for in the last 5 years and briefly describe your duties:

Have you ever been arrested for, or convicted of, a crime against a person or animal? Yes No

Please list other interests or skills:

____ special events ____ fundraising ____ marketing ____ general office/mailings
____ horse care ____ schooling horses ____ computers ____ Other: _____

Please list TWO people, who are not related to you, who can provide a personal or professional reference:

1. Name: _____ Phone: _____

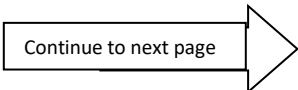
2. Name: _____ Phone: _____

Volunteer Photo Release

I DO I DO NOT consent to and authorize the use and reproduction by Cincinnati Therapeutic Riding and Horsemanship of any and all photographs and any other audio-visual materials taken of me for promotional material, educational activities, exhibits, electronic publications (including websites) or for any other use for the benefit of the program.

SIGNATURE: _____ **DATE:** _____
(Volunteer)

SIGNATURE: _____ **DATE:** _____
(Signature of parent/guardian if volunteer is under 18 years of age)





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Volunteer's Name (please print): _____

Volunteer Confidentiality Policy

It is the policy of Cincinnati Therapeutic Riding and Horsemanship to respect the privacy of riders/participants, volunteers, and personnel and hold in confidence all information obtained in the course of service. Information considered to be confidential includes all medical, familial, social, referral, personal and financial concerns regarding a participant and/or his/her family; volunteer or personnel. Such information is considered confidential regardless of how it is obtained, whether directly from the participant or family; CTRH staff, volunteer or others associated with CTRH; or inadvertently from other sources, such as but not limited to a chart, computer screen or overheard conversation. Instructors may deem it necessary to inform individuals directly associated with participant/rider medical/behavior information related to providing therapeutic riding services to the participant/rider. This information will be used solely for therapeutic riding purposes. Otherwise, information and confidences will not be disclosed to anyone, except: 1) As mandated by law; 2) To prevent a clear and immediate danger to a person or persons; 3) Where requested in a civil, criminal, or disciplinary action arising from the therapy (in which case rider/participant confidences may only be disclosed in the course of action); 4) If there is a waiver previously obtained in writing and then such information may only be revealed in accordance with the terms of the waiver; and 5) As required for accreditation reviews.

I have read and understand the CTRH confidentiality policy as described above and agree to observe its principles. I shall respect the privacy of riders/participants, volunteers, and personnel and hold in confidence all information obtained in the course of my service at CTRH. I also recognize that confidentiality and privacy requirements apply to fellow volunteers/staff members. *In addition, I understand that photographs of riders/participants are prohibited unless specific permission is given by CTRH management under PATH guidelines.*

SIGNATURE: _____ DATE: _____
(Volunteer)

SIGNATURE: _____ DATE: _____
(Signature of parent/guardian if volunteer is under 18 years of age)

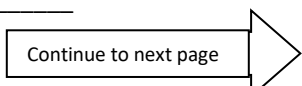
Volunteer Release of Liability

As a volunteer with Cincinnati Therapeutic Riding and Horsemanship, I acknowledge the risks and potential for risks of horseback riding, hippotherapy and horse related activities and programs. However, I feel the possible benefits to myself and the participant(s) I work with are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages, known or unknown whether existing on the date of agreement or in the future, against Cincinnati Therapeutic Riding and Horsemanship, its Board of Directors, employees, instructors, therapists, volunteers equines and equine owners, for any and all injuries and/or losses I may sustain while participating in Cincinnati Therapeutic Riding and Horsemanship. I understand that some of the inherent risks in equine activity include, but are not limited to: A) The propensity of an equine to behave in ways that may result in injury, death, or loss to persons on or around the equine; B) The unpredictability of an equine's reaction to sounds, sudden movement, unfamiliar objects, persons or other animals; C) Hazards, including, but not limited to, surface and subsurface conditions; D) A collision with another equine, another animal, a person, or an object; E) The potential of an equine activity participant to act in a negligent manner that may contribute to injury, death, or loss to the person of the participant or to other persons, including, but not limited to, failing to maintain control over an equine or failing to act within the ability of the participant.

I agree that I have been given sufficient time to read, understand and ask questions, if any, concerning the nature and scope of this Release of Liability; and I agree to the Release of Liability as stated above.

SIGNATURE: _____ DATE: _____
(Volunteer)

SIGNATURE: _____ DATE: _____
(Signature of parent/guardian if volunteer is under 18 years of age)





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Volunteer's Authorization for Emergency Medical Treatment

Volunteer's Name: _____

Date of birth: _____

Address: _____ City/State/Zip: _____

Consent Plan:

In the event emergency medical aid/treatment is required, due to illness or injury, during the process of providing or receiving services or while being on the property of Cincinnati Therapeutic Riding and Horsemanship, I authorize Cincinnati Therapeutic Riding and Horsemanship to: (1) Secure and retain medical treatment and transportation, if needed. (2) Release records upon request to the authorized individual or agency involved in the medical emergency treatment; (3) allow for treatment including 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) below are unable to be reached.

Physician's Name: _____ Phone: _____

Preferred Medical Facility: _____

Allergies to medication: _____

Current Medication: _____

Person(s) to be contacted in case of an emergency:

1. Name: _____ Relation: _____ Phone: _____

2. Name: _____ Relation: _____ Phone: _____

SIGNATURE: _____ **DATE:** _____
(Signature of Volunteer)

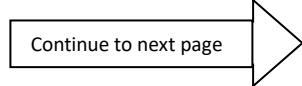
SIGNATURE: _____ **DATE:** _____
(Signature of parent/guardian if volunteer is under 18 years of age)

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 providing or receiving services or while being on the property of Cincinnati Therapeutic Riding and Horsemanship. In the event emergency treatment/aid is required, I wish the following procedure to take place:

SIGNATURE: _____ **DATE:** _____
(Signature of Volunteer)

SIGNATURE: _____ **DATE:** _____
(Signature of parent/guardian if volunteer is under 18 years of age)





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Volunteer Responsibilities Description

Position Title: Lesson Volunteer

Reports To: Volunteer Coordinator

ELIGIBILITY:

- This position is physically demanding and requires the ability to walk 45+ minutes in a sand arena and jog for short distances. May be asked to assist riders weighing up to 175 pounds.
- Willingness to be outdoors in many weather extremes.
- Ability to follow direction from a direct supervisor/class instructor in a fast paced environment.
- Ability to commit to a full riding Session or make timely notification otherwise.
- Attend volunteer training and read volunteer handbook.
- 14 years of age or older (17 for WORTH program)
- Fully complete application with all required forms and provide two references.

RESPONSIBILITIES:

- Lesson volunteers work under the direct oversight of a CTRH Instructor. Responsibilities include arriving 15 minutes prior to class start time; dressing safely and appropriately; informing CTRH Volunteer Coordinator in a timely fashion of absences; following all CTRH policies and procedures; following safety rules and regulations; and communicating questions, grievances, feedback or concerns to Instructor or Volunteer Coordinator. Following direction of CTRH Instructor before/during/and immediately after class.

DUTIES:

Side Walker

- Your primary responsibility is the RIDER.
- Upon Instructor direction:
 - Greet your rider and assist rider with helmet and other equipment as listed. Side walkers should ask the instructor if they are concerned with any fit of equipment.
 - Wait until the Instructor gives approval to enter the barn area. Proceed with riders to their horse and assist with grooming and tacking.
 - Accompany your rider into the indoor or outdoor arena.
 - Proceed with Rider up the mounting ramp to the Instructor.
- During class:
 - Listen to the Instructor
 - Communicate with rider when appropriate including verbal and non-verbal prompts
 - Provide physical assistance and stabilization to the rider when directed or necessary
 - Remain focused on assisting the rider.

Horse Leader

- Your primary responsibility is the HORSE.
- Bring horse to grooming area with bridle and halter; and secure. Clean hooves; and groom.
- Complete tacking (girth) after riders leave barn area.
- During class lead horse, walking alongside horse without a lead; or may be stationed in the arena for spotting.
- Communicate with Instructor regarding any horse related questions or concerns.
- Remain focused on working with the horse.

Hippotherapy Crosstie Groom

- Brings in horses from field when needed for lessons
- Obtains appropriate tack from tack room
- Cleans horses and picks hooves in preparation for class
- Tacks with appropriate tack (saddle, bridle, bareback pad, surcingle)
- Returns horse to stall or field and cleans cross tie area



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ALL VOLUNTEERS: Volunteering at Cincinnati Therapeutic Riding and Horsemanship is at the sole discretion of CTRH. If at any time the CTRH staff determines that volunteering at CTRH is not an appropriate activity for a volunteer, CTRH may remove a volunteer from the Program. CTRH will not tolerate any volunteer who engages in disruptive conduct, exhibits behaviors that are unacceptable or unsafe, and/or is disrespectful to others. I understand my work for Cincinnati Therapeutic Riding and Horsemanship is being provided in a volunteer capacity and I will not receive any compensation or any other benefit in connection with the volunteer position.

Name (please print): _____

SIGNATURE: _____
(Signature of Volunteer)

DATE: _____

Continue to next page 

SIGNATURE: _____
(Signature of parent/guardian if volunteer is under 18 years of age)

DATE: _____

Register for Volunteer Training

In addition to completing this New Volunteer Application, ALL new volunteers and volunteers who did not volunteer in 2016 MUST attend MANDATORY VOLUNTEER TRAINING in order to be considered for volunteering at CTRH.

Please indicate below your first and second choice of upcoming Volunteer Training Sessions you would like to attend. Every effort will be made to accommodate your first selection, however, spots are limited.

Mandatory Volunteer Training is held from 12:30 – 2:30 p.m. on Saturday afternoons on the following dates:

Mandatory Volunteer Training

_____	Saturday, January 12, 2019
_____	Saturday, April 6, 2019
_____	Saturday, June 22, 2019
_____	Saturday, October 19, 2019

Please indicate your first choice with a "1" and your second choice with a "2".

You will receive and email confirmation of the date and time of the training class you have been registered to attend.

Name (please print): _____

SIGNATURE: _____
(Volunteer)

DATE: _____

**CTRHR would not exist without the people who give their heart and hands to volunteer.
All that we are able to do depends on volunteers' assistance and availability.**

THANK YOU!

If you have any questions, please call us at 513-831-7050 or email Volunteers@CTRHR-online.org.

Please return all six (6) pages to CTRHR.