



Thank you so much for your interest in the EquiCenter. We are proud of what we accomplish, and are excited to have you as part of the team. The benefits and joys the riders and their families receive make your commitment to the EquiCenter extremely rewarding.

We rely on the weekly participation of many of our volunteers to help provide safe and effective riding lessons. There are also many opportunities available to those who do not wish to assist in weekly lessons including everything from barn work to fundraising based on your abilities and interest. Without the dedication of our volunteers, our programs would not be possible. Thank you for making that commitment.

Consistency of our volunteers is very important to the success of the EquiCenter. Therefore we ask that lesson volunteers commit to at least one regular lesson for each 6-week session. Many of our lesson volunteers choose to stay for more than one lesson at a time. If you are unable to make the six-week commitment or if you do not wish to volunteer in the riding lessons, we have numerous additional volunteer opportunities for both lesson substitutes and non-lesson volunteers. Please indicate this on your lesson schedule form.

Please complete the application and return it to:      EquiCenter Inc.  
3409 Rush- Mendon Rd.  
Honeoye Falls, NY 14472

We will contact you to arrange a required volunteer training session. Please feel free to give us a call @ 585-747-9994 or email [equicentersjd@rochester.rr.com](mailto:equicentersjd@rochester.rr.com) if you have questions in the meantime.

We look forward to seeing you at the barn!

## **Job Description**

### **EquiCenter Lesson Volunteer**

#### **Qualifications**

1. Minimum age of 14
2. Physically capable of performing assigned tasks
3. Willing to learn and follow EquiCenter procedures
4. Able to accept constructive feedback
5. Able to commit to a consistent volunteer schedule
6. Dress in an appropriate and professional manner (EquiCenter volunteer T-shirt when weather permits)

#### **Responsibilities**

1. Arrive when scheduled
2. Assist instructors with lesson preparation
3. Assist with riding lesson
4. Assist with end of lesson activities
5. Performs miscellaneous tasks as assigned by staff \*
6. Attend continuing education opportunities
7. Find a substitute to fill your space when you are not available.

All potential volunteers who wish to lead in lessons must first attend a leaders workshop and demonstrate their ability to safely and comfortably lead a horse at the:

Walk

Trot

Circle left and right

Halt in a straight line

Mounting ramp

During girth tightening

Volunteers who can meet the above criteria will receive special acknowledgement on their name badges. All lesson volunteer's start as sidewalkers. Please let us know if you would like to work on becoming a leader, or if you are interested in attending a leaders workshop.

### **Non-Lesson Volunteers**

There are many opportunities for those who do not care to volunteer in the lessons they include but are not limited to:

- Tack cleaning
- Stall /shed /pasture picking and cleaning
- Water troughs scrubbed & filled
- Grooming supplies cleaned & restocked
- General barn cleaning (cobwebs, dusting, raking hay)
- Fundraising projects and events
- Various office projects

3409 Rush Mendon Rd  
Honeoye Falls, NY 14472  
585-747-9994

[equicentersjd@rochester.rr.com](mailto:equicentersjd@rochester.rr.com)  
[www.equicenternv.org](http://www.equicenternv.org)

Office use only  
Training Date \_\_\_\_\_  
EM \_\_\_\_\_  
DB \_\_\_\_\_



**EQUICENTER**  
PEOPLE & HORSES GROWING TOGETHER

## 2009 Volunteer Registration

Volunteer Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Home phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email address \_\_\_\_\_ School \_\_\_\_\_  
Employer \_\_\_\_\_ Age \_\_\_\_\_ (14 year old minimum to work in lessons)

Most of our scheduling takes place via email, please let us know if we should contact you differently \_\_\_\_\_

I am interested in volunteering for the following six (6) week session(s):

- Session 1 3/16/09 – 5/02/09
- Session 2 5/11/09 – 6/20/09
- Session 3 6/29/09 – 8/08/09
- Session 4 8/24/09 – 10/3/09
- Session 5 10/12/09– 11/16/09
- Session 6 11/30/09 – 12/19/09 (3 week mini session)

All volunteers must attend a training session, which is approximately 2 hours and usually takes place during the early evening, please select one of the following:

3/5/09                      4/21/09                      6/3/09                      8/12/09                      9/23/09

or provide your best days and time for us to schedule a training with you \_\_\_\_\_

Check which areas you are interested in volunteering:

**Lesson volunteer**

- Leading a horse for students
- Side-walking with student
- Helping hand for lessons

**Barn volunteer**

- Stable management
- Facility repairs and maintenance

**Administration**

- Public Relations
- Fundraising
- Newsletter
- Volunteer Recruitment
- Photography/Video
- Budget/Finance
- Future planning
- Special Events3409 Rush Mendon Rd

Honeoye Falls, NY 14472  
585-747-9994  
[equicentersjd@rochester.rr.com](mailto:equicentersjd@rochester.rr.com)

## Volunteer Training & Consistency

- All new lesson volunteers are required to attend one, 2 hour training session.
- All volunteers interested in becoming a leader must first work 1 session as a sidewalker and then attend a horse leaders workshop.
- In order to provide consistency for our riders, we ask that those individuals interested in volunteering as leaders and side-walkers try their best to attend all lessons of the session. In the event that you are unable to attend a lesson, it is your responsibility to get a qualified substitute.

Please answer the following questions...

1. What would you like to gain from your experience at the EquiCenter?
  
  
  
  
  
  
  
  
  
  
2. Do you have experience with horses? If yes, please explain.
  
  
  
  
  
  
  
  
  
  
3. Do you have experience working with mentally or physically challenged children and/or adults? If yes, please explain.
  
  
  
  
  
  
  
  
  
  
4. Do you have any physical limitations that would make leading or sidewalking with a horse and rider difficult? Lesson volunteers often walk (and jog) for upwards of one hour and during that time are responsible for either controlling the horse or the safety of the rider.
  
  
  
  
  
  
  
  
  
  
5. List any previous volunteer experience.
  
  
  
  
  
  
  
  
  
  
6. How did you learn about the EquiCenter?
  
  
  
  
  
  
  
  
  
  
7. Please provide 2 personal references we may contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_

**Thank you for your time, we know that it is valuable and hope your volunteer experience at the EquiCenter will be rewarding.**

## Release of Claim

The instructors, officers, directors, and volunteers of EquiCenter, Inc. are hereby released, acquitted, and discharged from any claim for damage or suit by reason of any injury, illness, or damage to persons or property during the course of EquiCenter, Inc. riding sessions or activities, including transportation to and from the sessions, and in that regard, I hereby covenant that on my behalf not to file a claim or bring a suit with respect to any such injury, illness or death.

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

**Signature of parent/guardian if volunteer is under the age of 18**

\_\_\_\_\_ Relationship \_\_\_\_\_

## Background Information

Have you ever been charged or convicted of a crime/felony? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

I, the undersigned, authorize EquiCenter, Inc. to receive information from any law enforcement agency, including police and sheriffs departments, of the 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. I understand that such access is for the purpose of considering my application as a volunteer and that I expressly DO NOT authorize the operating 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 \_\_\_\_\_

Current driver's license # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

## Photo Release

I Do

I Do Not

consent to and authorize the use and reproduction by EquiCenter, Inc. of any and all photographs and any other audio visual materials taken on me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

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

## Confidentiality

I understand that I may be made aware of confidential information regarding rider diagnosis, etc. I understand that under no circumstances shall this information be shared with individuals external to EquiCenter Inc and that information is provided solely for the purposes of improving the therapeutic benefit to the Rider(s) participating in the lessons.

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

# Authorization for Emergency Medical Treatment

Volunteer

Name \_\_\_\_\_ DOB \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Preferred Medical Facility \_\_\_\_\_  
Health Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Allergies to medications or foods: \_\_\_\_\_  
Current Medications: \_\_\_\_\_

In the event of an emergency, contact:

Name \_\_\_\_\_ Relation: \_\_\_\_\_ Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_  
Name \_\_\_\_\_ Relation: \_\_\_\_\_ Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_  
Name \_\_\_\_\_ Relation: \_\_\_\_\_ Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

## Emergency Medical Information & Release

In the event of an emergency, the undersigned authorizes any licensed physician and/or emergency medical personnel to provide any medical/surgical care and/or hospitalization, for the undersigned or the dependent Volunteer under the age of 18 that the undersigned represents, including anesthetic, that they determine necessary or advisable, pending receipt of specific consent from the undersigned or his/her legal representative.

Signature of volunteer \_\_\_\_\_ Date \_\_\_\_\_  
*(parent/guardian if volunteer is under the age of 18)*

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 EquiCenter, Inc. to:

1. Secure & 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-rays, surgery, hospitalization, medication, and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the emergency contact person(s) above is unable to be reached.

Date \_\_\_\_\_ Consent signature \_\_\_\_\_  
(Participant, Parent or Guardian)

**OR**

### 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. In the event emergency treatment/aid is required, I wish the following procedure to take place:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_ Non-Consent Signature \_\_\_\_\_  
(Participant, Parent or Guardian)

**Programs: 585-747-9944**  
**3409 Rush Mendon Rd**  
**Honeoye Falls, NY 14472**  
**Barn: 585-624-2836**  
[www.equicenterny.org](http://www.equicenterny.org)

**Volunteers: 585-747-9994**