Guidelines for Volunteers

Keep this page for your records

Opportunities: Most volunteers will serve as either horse leader or Side walkers. Handlers must meet strict criteria and clearance by the Head Instructor. However, there are many other areas in which you can assist that do not involve working directly with our riders.

Requirements: Volunteers who work with the riders must be at least 14 years old and physically able to occasionally jog for short distances during a 30-minute lesson. It is a requirement as a volunteer to consent for NDR Therapeutic Riding & Therapy Services the use and reproduction of any and all photographs and any other audio/visual materials taken of my child/myself for promotional material, educational activities, and exhibitions or for any other use for the benefit of the program.

Recommendation Letters for Volunteers: We are pleased to provide recommendation letters upon request to volunteers who have made a significant contribution to our organization. Our standard policy is to offer recommendation letters to volunteers who have completed a minimum of 50 volunteer hours. This criterion ensures that we can accurately assess the volunteer's commitment and contributions to our mission.

Attendance: Regular attendance is vital to our program. We ask that volunteers commit to at least a full riding session (8-10 week time period). In the event that you must be absent, please contact the NDR Head Instructor or the assigned Volunteer Coordinator as soon as possible. This allows time for a substitute to be found.

Punctuality: Volunteers (Leaders/Sidewalkers) should arrive **15 minutes before the first lesson starts**. Horse Handlers need to arrive **30 minutes** before class to groom and tack assigned horse and to hand walk/trot as warm-up 10-15 minutes prior to class. Please call or text the NDR Therapeutic Riding office if the unexpected should arise and you are running late at 951-675-5043.

Orientation Session: Every prospective volunteer must attend one Orientation session. Information about NDR Therapeutic Riding and its programs, volunteer roles, and key policies are addressed. *No volunteer may work directly with an NDR Therapeutic Riding participant without completing Orientation and Training and all required forms.* NDR will provide quarterly training sessions. Additional training sessions are typically held on Saturday afternoons after Saturday morning lessons are completed. This training is provided to help volunteers who want to become leaders and or handlers learn and achieve the skills needed to do so.

Bad Weather: Classes will only be canceled in the event of dangerous or threatening weather. **IT IS THE VOLUNTEER'S RESPONSIBILITY TO CALL NDR THERAPEUTIC RIDING IF BAD WEATHER PREVENTS ATTENDANCE.**

Parking: All volunteers are to park in the designated parking on the north side of NDR. When pulling into NDR, make certain to safely open and close the main gate. There is no volunteer parking in front of NDR nor on the street.

Dress: Wear plain clothing without any slogans or logos. No ripped jeans or crop tops. Closed toed shoes are a safety requirement. NDR shirts recommended. The weather can be unpredictable so come with a few layers of clothing. Water is provided to volunteers at NDR. Please mark your water bottle and dispose properly after consumption in the recycle bin in the picnic area. Wear no, or neutral, perfumes and lotions. Certain scents may cause a reaction in some of the riders and it may attract bees or other bugs. Tie long hair up or back. No Jewelry. Anything that dangles may be an attraction to the rider – small children may grab or pull. In the event of repeated violations, we reserve the right to discontinue your volunteer participation.

Children & Pets: Due to safety concerns, unsupervised children and pets are not allowed.

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Volunteer Information

General Information

Full Name _____ **DOB:** _____ **Age:** _____

Address _____

Cell Phone # _____ **Ok to text?** ◯ Yes ◯ No

Email Address: _____

Availability:

◯ Monday Mornings ◯ Monday Afternoons
◯ Tuesdays Mornings ◯ Tuesdays Afternoons
◯ Wednesdays Mornings ◯ Thursday Afternoons
◯ Thursdays Mornings ◯ Thursdays Afternoons
◯ Friday Mornings ◯ Friday Afternoons
◯ Saturday Mornings

Areas of Interest for Volunteering:
Please check the boxes next to the areas you are interested in volunteering for:

◯ Facility Repair ◯ Fundraising ◯ Grant Writing
◯ Horse Handling ◯ Side-Walking ◯ Instructor Internship
◯ Horse Shows ◯ Horsemanship Camps

How did you hear about us? _____

Previous horse experience? ◯ Yes ◯ No

If yes, Please explain: _____

Previous experience with special needs? ◯ Yes ◯ No

If yes, Please explain: _____

I acknowledge the information above is accurate to the best of my knowledge and know of no reason as to why I should not participate at NDR and its programs.

_____ _____
Signature (parent signature if under 18yrs old) Date

Therapeutic Riding NDR Therapy Services

Background Information & Confidentiality Agreement

Background Information

Do you have a current drivers license? ◯ Yes ◯ No

Drivers License #: _____ Expiration Date _____

Have you ever been convicted or charged with a crime? ◯ Yes ◯ No

If yes, please explain: _____

_____

_____

I, _____ (volunteer print name), authorize NDR Therapeutic Riding & Therapy Services to receive information from any law enforcement agency, including but not limited to: police department and/or sheriff's departments, state or any other state/federal government agency, the the extent permitted by the state and federal law, pertaining to any convictions for crimes committed.

I understand that such access is for the purpose of considering my application as a volunteer, and I expressly DO NOT authorize the PATH center, its directors, officers, employees., or other volunteers to disseminate this information in any way to any other individual, group agency, organization, or corporation.

I acknowledge the information above is accurate to the best of my knowledge and know of no reason as to why I should not participate at NDR and its programs.

_____ _____

Signature Date

Confidentiality Agreement

I, The Volunteer, understand that all information (written and verbal) about all participants at NDR Therapeutic Riding & Therapy Services is confidential and will not be shared with anyone without the expressed written consent of NDR staff, the participant, and the participants parent/guardian.

_____

Print Name

_____ _____

Signature (parent signature if under 18yrs old) Date

NDR Volunteer Policies & Procedures

Non-Discrimination

NDR Therapeutic Riding & Therapy Services maintains a policy of non-discrimination and is fully committed to the principles of equality in volunteering and opportunity for all, without regard to race, color, religion, gender, national origin, marital status, sexual orientations, age or handicap. Volunteers will likewise not discriminate against a client, other volunteers, or NDR Therapeutic Riding staff based upon the afore mentioned parameters.

Volunteer and/or Guest Dismissal Policy

In the event of misconduct by a volunteer, the volunteer's direct supervisor will counsel the volunteer in order to provide the opportunity for corrective action. A written record of any actions or suggestions will be maintained. Letters of recommendations may not be given.

Conditions that may lead to dismissal:

- Failure to comply with the NDR Therapeutic Riding's Confidentiality Policy guidelines. (See below).
- Repeated violation of safety rules including smoking on the property.
- Use of, or under the influence of, drugs and alcohol on the property.
- Disruptive or inappropriate behavior, theft, violence towards human or animals, or harassment.

Confidentiality Policy

- NDR Therapeutic Riding shall preserve the right of confidentiality for all individuals in its program.
- No one associated with NDR Therapeutic Riding will reveal any medical, social, referral, personal or financial information regarding any participant or any other person associated with NDR Therapeutic Riding to anyone unless required by court order.
- This policy applies to: participants, staff, independent contractors, temporary employees, volunteers and board members.

Sexual Harassment Policy

NDR Therapeutic Riding is committed to providing a safe environment for all its board members, staff and volunteers free from discrimination on any ground and from harassment at work including sexual harassment. NDR will operate a zero-tolerance policy for any form of sexual harassment in the workplace, treat all incidents seriously and promptly investigate all allegations of sexual harassment. Any person found to have sexually harassed another will face disciplinary action, up to and including dismissal from employment and/or involvement in any NDR activities. All complaints of sexual harassment will be taken seriously and treated with respect and in confidence. No one will be victimized for making such a complaint. All board members, staff and volunteers will be asked to read and acknowledge review and receipt of NDR Therapeutic Riding Sexual Harassment, Abuse, and Molestation Prevention Policies and Reporting Procedures and the NDR Whistleblower Policy form and will be filed in each person's volunteer/personnel file.

I acknowledge that I have read and understand all of NDR Therapeutic Riding & Therapy Services policies and by signing I acknowledge I will uphold all policies.

_____ _____

Signature Date

Volunteer Photo Release

Photo Release

I, _____ , (print name) understand that is a requirement as a volunteer to consent for NDR Therapeutic Riding & Therapy Services the use and reproduction of any and all photographs and any other audio/visual materials taken of my child/myself for promotional material, educational activities, and exhibitions or for any other use for the benefit of the program. I agree that NDR Therapeutic Riding & Therapy Services has complete ownership of such pictures etc. including copyright and may use the, for an purpose consistent with the NDR Therapeutic Riding & Therapy Services program mission. I acknowledge I will not receive any compensation, etc. for the use of these pictures, etc. and hereby release NDR Therapeutic Riding & Therapy Services and any of its agents and assigns from any and all claims which arise or are in any way connected with such use.

NDR Therapeutic Riding & Therapy Services will use my name/child's name and likeness to promote the program, its fiscal agent, and/or their activities. My likeness will be used in the following ways:

- Social Media (Facebook & Instagram @ndrtherapeuticriding)
- Printed Materials (photos, illustrations, bulletins, publications)
- Promotional Material (advertisements, flyers, exhibitions)
- Videos

I, the undersigned, declare that the above information is true and accurate and understand I the volunteer, consent the the photo release.

_____ _____

Signature (parent signature if under 18 years old) Date

In Case of Emergency Information

In Case of Accidental Injury

I, The Volunteer, agree to assume all responsibility for my competence and ability as the rider, handler of the horse(s) owned, leased, trained, or ridden by me or as the rider of the horse(s) belonging to NDR Therapeutic Riding and Therapy Services and its owners, agents, employees, property users, or boarders. NDR Therapeutic Riding and Therapy Services and its owners, agents, employees, property users, or boarders are not responsible for the prior named rider/volunteer's competence or riding ability. The Volunteer assumes all responsibility while on the property of, and any property being used by NDR Therapeutic Riding and Therapy Services and is liable for their own actions and competence.

In case of accidental injury, I give NDR Therapeutic Riding and Therapy Services permission to obtain medical treatment, or by a doctor or hospital emergency room staff.

_____	_____
Volunteer Signature	Date
_____	_____
Parent/Guardian Signature if under the age of 18 years old	Date

Emergency Contacts

Please list 3 I.C.E. contacts in case of emergency.

1) **Full Name:** _____ Relation: _____
   Cell Phone # _____ Email: _____

2) **Full Name:** _____ Relation: _____
   Cell Phone # _____ Email: _____

3) **Full Name:** _____ Relation: _____
   Cell Phone # _____ Email: _____

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Release and Indemnity Agreement

I the undersigned, _____ , am fully understanding that there are risks, including the risk of injury the participant, rider/handler and/or horse when riding, interacting, handling, and transporting horses, hereby waive and release NDR Therapeutic Riding & Therapy Services, any agents and employees, NDR Board/Officers or operators from any and all claims, causes or action., or liability arising out of, or in connection with any use of facilities or services of NDR Therapeutic Riding, including any and all liability for negligent acts or omissions of NDR Therapeutic Riding, operators, agents, and employees.

Furthermore, I agree to and hereby waive and release NDR Therapeutic Riding & Therapy Services, Board/Officers, agents and employees for any damages of any kind or nature arising from any cause whatsoever, including but not limited to, loss by fire, theft, running away, illness or injury to any person or other animals on the property. I agree that I shall be solely responsible at all times for any and all acts of the horse(s) that I own, lease, ride, train, or us other horse(s) owners or leased by NDR Therapeutic Riding & Therapy Services, while the horse(s) is under my control, possession, or care. I agree to hold NDR Therapeutic Riding & Therapy Services, NDR Board/Officers, agents or employees, harmless from any claim resulting from damage or injury/caused by any horse, the owner, or lease-holder of any horse, a boarder, or guest of a boarder or property user and agree to pay any legal fees and expenses incurred by NDR Therapeutic Riding & Therapy Services, in the defense of such claim.

I am responsible for boldly injury or property damage which I or my child or legal ward should sustain on NDR Therapeutic Riding & Therapy Services premises while participating, interacting, riding, handling, working a horse, and/or working using the premises, and of any time I or my child or legal ward shall lose from employment or school or other activity, and for medical expenses or any other expenses incurred because of such bodily injury or property damage; and that I hereby for myself; my heirs, administrator, release and discharge NDR Therapeutic Riding & Therapy Services, and its board operators, agents, employees, officers and all other participants of and from all claims, demands, actions, and cause of action for such injuries sustained to my person or property. I shall be liable to NDR Therapeutic Riding & Therapy Services, for any and all damages or injury to NDR Therapeutic Riding & Therapy Services, personnel and property caused by the horse(s) while under my control.

I have been advised that in order to participate in equine-assisted activities on the premises of NDR Therapeutic Riding & Therapy Services, an ATSM certified helmet must be worn at all times when interacting with and/or handling a horse.

I hereby acknowledge that riding and jumping horses is a dangerous activity. Therefore, I expressly assume the risk involved when engaging in riding, jumping, or other related activities at NDR Therapeutic Riding & Therapy Services. I hereby release and discharge NDR Therapeutic Riding & Therapy Services, NDR Board/Officers, operators, agents, and employees from any and all liability from any accident that may occur as a result of engaging in riding, jumping, or there related activities at NDR Therapeutic Riding & Therapy Services.

I agree to assume all responsibility for my competence and ability as the rider or handler of the horse(s) owned, leased, trained, or ridden by me or as the rider or handler of the horse(s) owned, leased, trained, or ridden by me ore as the rider of the horse(s) belonging to NDR Therapeutic Riding & Therapy Services, agents, or employees. NDR Therapeutic Riding & Therapy Services, Board/Officers, agents, employees, property users, or boarders are not responsible for the prior named rider's competence or riding ability.

I hereby acknowledge that I have read and understand the "Release of Liability Agreement" to its entirety.

_____ _____

Signature (parent signature if under 18 years old) Date