



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. All volunteers are required to attend a volunteer training and orientation. 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. We have numerous additional volunteer opportunities for both lesson substitutes and non-lesson volunteers. Please indicate this on your lesson schedule form.

Please fully complete the volunteer application by providing proper identification and insurance information.

Please feel free to give us a call at 585-624-7777, email us at equicenter@frontier.com or visit our website at www.equicenterny.org if you have any questions.

Volunteer applications can be submitted to:

EquiCenter, Inc.
3247 Rush- Mendon Rd.
Honeoye Falls, NY 14472

We look forward to seeing you!

Job Description

EquiCenter Lesson Volunteer

Qualifications

1. Minimum age of 14
2. Must be physically capable of performing assigned tasks-lessons are demanding!
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. Horse handlers are asked to arrive 30 minutes prior to the lesson start time and side walkers are asked to arrive 15 minutes prior to the start of the lesson.
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. Contact the volunteer hotline at 585-747-9994 if you are not able to make your regularly scheduled lesson.

All potential volunteers who wish to become a horse handler must volunteer for at least one full session and have at least one year of horse experience. Volunteers who qualify to become horse handlers must then complete a horse handler certification process.

Non-Lesson Volunteer Opportunities

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

- Administration
- Facility Up-Keep
- Assisting with Special Events

Volunteer Information

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

Check which areas you are interested in volunteering:

Lesson Program

- Horse handler
- Side-walking with student
- Lesson substitute
- Helping hand for lessons
- Horsemanship (mounted and un-mounted)

Facilities

- Stable management
- Facility repairs and maintenance
- Gardening
- Tractor use/mowing
- Other

Administration

- Public relations
- Fundraising
- Clerical
- Volunteer recruitment
- Computer work
- Website
- Other

Special Events

- Planning/coordinating
- Attending/representing EquiCenter

Do you have any other special skills (i.e photography, special education experience, horse owner, competitive riding)?

Please indicate your volunteer availability. Please check the days and times you are available to volunteer. Your actual volunteer schedule will be arranged with the Volunteer Manager following your training and orientation session. All lesson scheduling will be done via e-mail.

	Early Morning (7-9am)	Mornings (9-12pm)	Afternoons (12;30-430 pm)	Evenings (5pm-on)	Evenings (6pm-on)
Mon					
Tues					
Wed					
Thu					
Fri					
Sat					
Sun					

Office use only Training Date _____ EM _____ DB _____

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)

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