Volunteer/Staff Rules

1. All volunteers and staff members must wear…
* Hard-soled shoes or boots with a small heel while riding and while in the arena, pasture, or stall area. Tennis shoes are permitted, but boots are preferred. You will not be allowed in the arena, stall, or pasture area with open-toed shoes.
* A nametag (blue for staff/green for volunteers).
* A helmet and long pants while riding.

Volunteers and staff are asked to refrain from wearing dangling jewelry or clothes that are excessively baggy.

1. Let the director know in advance when you will be able to volunteer. If you are unable to attend your scheduled hours, call ASAP.
2. An employee will contact you if lessons are cancelled. You may inquire about the status of lessons at (724) 738-4010.
3. Sign in/out when entering and exiting the barn.
4. Fill out the volunteer time log every time that you do volunteer work. If you do not fill out the log, you will not receive credit for your time.
5. When you come in, check the bulletin boards and dry-erase boards for important notices or instructions.
6. Know the location of emergency exits, first aid kits, defibrillators, fire extinguishers, and telephones/emergency numbers.
7. Prior to working with a horse, check the horse’s information sheet (located on the stall) to determine if the horse has any issues with tying, leading, etc.
8. Always tie horses with quick-release knots (unless cross-tying). If you do not know how to tie, please ask!
9. Use grooming equipment and bridles only on the horses that they are assigned to.
10. After grooming, bathing, or clipping a horse, fill out the horse’s Grooming Log, located in the tack room.
11. After riding or lunging a horse, fill out the horse’s Activity Log, located in the tack room.
12. Let the director or assistant know if any tack is broken or damaged.
13. Let the director or assistant know if a horse is unsound or injured.
14. Put all equipment away properly. If you don’t know where something goes, ask!
15. Each horse is to be put in his or her assigned stall only.
16. During a lesson, always listen to the instructor and follow his or her instructions to the best of your ability.
17. Clean any messes that you make! Remove manure from the arena after each lesson.
18. Before leaving for the night, clean all stalls, sweep aisles, and if horses are in, make sure that they have a full bucket of water.
19. Do not feed anything to the horses unless approved by the director or an employee.
20. There is NO SMOKING in the facility or on the grounds.
21. There is always something to be done in a stable. If you are in need of something to do, please ask. Without volunteers and staff like you, our program could not exist!

*I have read and understand the Volunteer/Staff Rules.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (parent/guardian signature if under 18)

Volunteer/Staff Registration Information

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School or Institution Presently Attending\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name (if under 18)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have either reviewed or decline reviewing the Zoonoses packet (available on website or at center): Yes No

## Liability Release

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print name) would like to participate at the Storm Harbor Equestrian Center. I acknowledge the risks of equine activities and horseback riding. However, I feel that the possible benefits to myself/my child/my ward are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs, assigns, executors, and administrators, waive and relinquish and release forever any and all claims for damages against the Storm Harbor Equestrian Center, its board of directors, instructors, therapists, aides, volunteers, and employees for any and all injuries and/or losses that I/my child/my ward may sustain while participating at the Storm Harbor Equestrian Center, or in programs run by the center. I have read and understand all information provided.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (parent/guardian signature if under 18)

### Photo Release

**(Check one)** I DO DO NOT

consent to and authorize the use and reproduction by the Storm Harbor Equestrian Center and Slippery Rock University of any and all photographs and any other audio/visual materials taken of me/my child/my ward for promotional materials, educational activities, exhibitions, or for any other use for the benefit of the center or university.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (parent/guardian signature if under 18)

**Emergency Medical Treatment**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_ Physician’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Medical Facility\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Insurance Company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy #\_\_\_\_\_\_\_\_\_\_\_\_

Last Tetanus Shot Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*In case of emergency, contact:*

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

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

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

In the event that 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 Storm Harbor Equestrian Center, I authorize the Storm Harbor Equestrian Center to secure and retain medical treatment and transportation if needed, and release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

**Sign below ONE of the following plans:**

**Consent Plan**

This authorization includes 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) above is unable to be reached.

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

Signature (parent/guardian signature if under 18) Date

**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 procedures to take place:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Signature (parent/guardian signature if under 18) Date

**Confidentiality Policy**

It is the policy of the Storm Harbor Equestrian Center to keep confidential all medical, social, referral, personal, and financial information regarding participants, volunteers, and staff. This information will not be shared or disclosed to individuals outside the operation of this center without the express written permission given by the individual concerned.

It is understood by all the individuals working or volunteering at this center that this confidentiality code will be maintained and adhered to in order to protect the privacy and personal dignity of all individuals associated with the day-to-day operations of this center.

Confidential information may be shared between center staff in cases where it will assist planning for the equestrian lesson.

Violation of this policy by anyone involved at the Storm Harbor Equestrian Center can result in immediate expulsion from all activities at the center, as determined by the program director and the board of directors.

I understand and will observe the confidentiality policy of the Storm Harbor Equestrian Center.

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

Signature (parent/guardian signature if under 18) Date

**VOLUNTEER SURVEY**

**Storm Harbor Equestrian Center**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_\_\_\_\_**

**School/Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current Year in School:** Freshman Sophomore Junior Senior

Do you plan on staying in the current area to finish school? Circle: Yes No

**Are you volunteering here because of a class requirement?** Circle: Yes No

**If Yes:** How many volunteer hours do you need? **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If No:** What is your reason? **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\*Please answer these last questions honestly, do not feel obligated to say yes, this is only to keep an up to date phone record and keep track of those interested in being more involved in our program\*

**After you complete your hours or other obligation, are you interested in staying on our phone list?**

Circle: Yes No

**Is it okay to send you emails about upcoming events? (Horse camps, special events, volunteer riding days, picnics and horse shows)**

Circle: Yes No

Are you interested in becoming more involved in our program? (Student Worker, Instructor, Advanced Volunteer Training Program?

Circle: Yes No

Thank you so much for your interest in becoming a volunteer, we really hope you enjoy this experience and start to understand the power of therapeutic riding and the effect it has on all those involved. Please call with any questions or concerns about our program! And we look forward to working with you!