

EQUI-ED/SRJC

Equines and Education

Adapted equestrian activity, experiential education, and therapeutic modality for students with special needs.

Mailing address: 1535 Farmer's Lane #217 Santa Rosa, CA 95405

Message (707) 953-6223 Fax (707) 546-7737

www.equi-ed.org

STUDENT ASSISTANT/VOLUNTEER INFORMATION

Name: _____ Birthdate _____ / _____ / _____

Home # _____ Work # _____ Fax#/Email _____

Parent/Guardian/Spouse: _____

Address: _____ City: _____ Zip: _____

Occupation: _____ Place of Employment/School _____

Please describe your current health status, particularly regarding the physical/emotional demands of working in a therapeutic riding program. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries or lifestyle changes.

Can you walk for up to 60 minutes at one time _____ and jog for short distances? _____

Given a chance to change sides, can you hold your arm above shoulder height and support a modest weight? _____

Recent medical tests: Last tetanus shot: _____ Tuberculosis test + - Date: _____

(Consult your physician or local health department if you are not up to date with these shots/tests)

Are you comfortable working or walking around horses or ponies? _____

Do you have experience with horses or ponies? _____ Describe: _____

Describe any prior experience working with people with disabilities:

Are you currently certified in First Aid? (Date) _____ CPR?(Date) _____

Other interests and hobbies:

Please list your availability to volunteer:

Days which are best for you (inc. weekends): _____

Times when you are available (inc. evenings): _____

How much time would you like to volunteer? _____

How did you hear of this program?

Background Information

Have you ever been charged or convicted of a crime? Yes No If yes, please explain

I, _____ (volunteer/staff/student assistant), authorize Equi-Ed to receive information from any law enforcement agency, including police departments and sheriff's departments of this 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 an employee/volunteer/student assistant, 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** _____

(volunteer/student assistant/staff)

CURRENT DRIVERS LICENSE Yes No

LICENSE/I.D. NUMBER _____ STATE _____

- Equi-Ed/SRJC has/will made/make a volunteer manual available to me. I agree to abide to its guidelines and procedures for working within the therapeutic riding program.
- I agree to abide by the program's confidentiality policy.
- I understand that I am required to wear an ASTM/SEI approved helmet if or when I ride.

Student Asst./Volunteer/Staff Signature _____ **Date** _____

Parent/Guardian Signature (if volunteer is under 18) _____ **Date** _____

In addition to horse handling, side walking and program assistance during sessions, Equi-Ed has the need for volunteer services in many other areas of the program's operation and management. Please mark any thing that interests you, or that you would like to know more about.

Committees:

_____ **Public Relations-** Works to keep Equi-Ed in the news by writing regular news articles and making media contacts.

_____ **Newsletter-** Creates semi-annual newsletter, collects stories and photos to include.

_____ **Grant-Writing-**researches and writes for grant/foundation/corporate monies.

_____ **Board of Directors-** lend support, guidance, provide suggestions to enhance the overall effectiveness and success of the program. Also, lead fundraising efforts.

One-Day Volunteer Opportunities:

_____ Horse shows, tabling, ride-a-thon, Annual BBQ, fundraising events all require additional volunteer support.

Special Skills:

_____ mane braiding/body clipping

_____ horse show/demo announcing

_____ computer skills-word processing, excel, desktop publishing

_____ printing of program brochures, newsletters, other publications

_____ accounting skills

_____ carpentry, fence repair, painting, tractor

OTHER: _____

Other:

Barn Crew:

_____ feeds horses and cleans paddocks on non-lesson days

_____ helps with training, conditioning and routine exercise of program horses. Volunteers must be competent riders, and be screened by the program director first.

Height & weight: _____ (Required to ensure adequate match with horses) Weight limit 180lbs

_____ **Maintenance-** Provide general improvements including painting, cleaning, weeding, and other tasks as necessary.