

Volunteer Requirements

Volunteers can come to Equi-Ed without any previous experience with individuals with disabilities or horses. We are here to provide you with instruction which will help you develop skills while feeling safe and competent in the tasks you will be doing.

To ensure the safety of persons and horses at Equi-Ed volunteers will need to meet certain required abilities in order to participate in regular programming (horse care, grooming, tacking, catching, haltering, leading, tying, moving horses in and around barn, grounds and arena, and in lessons involving students and horses).

Opportunities for volunteers who do not meet the following criteria may be considered to help at special events, clean tack, muck/cleans stall/paddock areas and/or other activities not involving direct horse contact and lesson involvement as determined by the Program Director.

Volunteers are expected to:

- follow directions compliantly (we encourage volunteers to ask questions of staff to increase their knowledge and understand our rationale for procedures etc.)
- have the ability to quickly process directions/information and respond to situations in a calm, effective and efficient manner
- learn and consistently demonstrate safety practices expected by Equi-Ed administration/staff
- work independently without supervision as determined by Program Director
- be consistent in attendance, provide early notification if unable to make assigned volunteer time.
- attend yearly volunteer update training and participate in other training and knowledge enhancement opportunities
- be able to lift 25 pounds while demonstrating correct/safe body mechanics (alignment and positioning)
- raise arms to an above shoulder height
- hearing (must be able to hear and respond to direction given in a normal speaking voice)
- speaking (must have intelligible and audible speech)
- stamina and physical ability to be able to walk/jog while maintaining balance and fluid movement in lessons and around barn, and be able to move quickly if necessary.
- Volunteers must be able to work independently. Given the size and nature of horses, which can be unpredictable, possess great strength and rapid, sometimes unpredictable movement, a volunteer must also possess good situational awareness, a calm and measured response to challenging situations, have ability to quickly and appropriately respond to visual and auditory cues and direction in the program environment and adroit physical ability to be able to function safely when in proximity to the horses.

Equi-Ed administration will assess volunteer's ability to perform routine duties. Any known or observed condition which staff feels limits or affects the volunteer's ability will be discussed with the volunteer and other options for participation considered.

Policy for Dismissal of a Volunteer/Guest from Equi-Ed Activities

- All staff, personnel, volunteers and guests involved in any EQUI-ED activity are expected to:
- Act in a professional manner
- Follow confidentiality policy.
- Dress Appropriately.
- Not use obscene or vulgar language.
- Follow established safety procedures.
- Take direction from supervising personnel.
- Complete tasks assigned in a timely and efficient manner and to the satisfaction of the supervisor.
- Make a commitment to agreed upon schedule.
- Be punctual.
- Give sufficient notification of cancellation, in general a minimum of 24 hours notice.
- Not use alcohol or drugs, and be aware that if staff feel that someone is under the influence, they will be asked to leave immediately and not return.
- Adhere to No Smoking Policy.
- Be respectful and courteous towards clients, staff, volunteers and the general public.
- Use appropriate interactions with riders, staff, volunteers, etc. at all times including, but not limited to the following:
 - Touch
 - Not being alone with students
 - Content of conversations

EQUI-ED staff reserves the right to dismiss any person at any time from EQUI-ED facility and activities.

Print Name: _____

I have read and reviewed the above guidelines. _____ (sig.) _____ (date)

EQUI-ED

Equines and Education

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

Message (707) 546-7737 Fax (707) 942-0915 www.equi-ed.org

VOLUNTEER INFORMATION

Name: _____ Birthdate _____ / _____ / _____
Home # _____ Cell # _____ 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. Continue on back as needed.

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 in order to support a rider ?

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

*****All volunteers must be fully vaccinated for COVID and submit copy of their vaccination card.**

(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? If yes, describe: _____

Describe any prior experience working with people with disabilities: _____

Other interests and hobbies: _____

Please list your availability to volunteer:

Days which are best for you (M-Su): _____ Times (inc. evenings): _____

How often would you like to volunteer? _____

How did you hear of Equi-Ed? _____

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

_____ Newsletter _____ Grant-Writing _____ Board of Directors _____ Horse shows _____ Info Table at events _____ Fundraising events/activities _____ Facility Maintenance. _____ Other: _____

Special Skills: _____ mane braiding/body clipping _____ horse show/demo announcing _____ computer skills _____ accounting _____ carpentry, tractor operation _____ legal skills _____ marketing/public relations

Barn Help: _____ prepares and may feed horses, cleans paddocks along with other chores on non-lesson days/times

Riding: Is not a part of volunteering with the Equi-Ed program. Some individuals may be considered to assist in the conditioning of horses, approval for which is determined by the Program Director.

Please use this page for any additional information if needed.

Equi-Ed

Equines and Education

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

Message: (707) 5-HORSES Website: www.equi-ed.org

EMERGENCY HEALTH INFORMATION ~STAFF/VOLUNTEER/STUDENT/GUEST/PARTICIPANT

In the event emergency medical aid/treatment is required due to illness or injury during the process of participating in services/activities, or while being on the property of the agency, I authorize Equi-Ed/SRJC to:

1. Secure and retain medical treatment and transportation if needed.
2. Release staff/volunteer/client/participant records upon request to the authorized individual or agency involved in the medical emergency treatment.

Name: _____ Home Phone # _____

Cell # _____ Email: _____

Parent/Guardian/Spouse/Other (specify relationship _____) _____

Address _____ City : _____ Zip _____

Allergies: _____

Medications: _____

Please describe any other medical conditions/physical limitations that we or medical personnel should be aware of i.e. seizures, hearing loss, diabetes, etc.:

Emergency Contacts:

Name _____ Phone (H) _____ Phone (W) _____

Name _____ Phone (H) _____ Phone (W) _____

Physician's Name _____ Phone _____

Preferred medical facility _____

Insurance Company _____ Phone _____

Full Address _____

Group # _____ Policy # _____

Medi-Care # _____ Medi-Cal # _____

*****SIGNATURE NEEDED BELOW*****

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 listed below is unable to be reached.

Consent signature _____ Date: _____

Print Name: _____ Phone: _____

Address: _____

OR

Non-Consent Plan

I do not give my consent for emergency medical treatment/aid in the case of illness/injury during the process of participating in the services or while on the property of the agency. In the event emergency treatment/aid is required, I wish the following procedures to take place:

Non-Consent Signature _____

Date: _____

Print

Name:

Phone:



Equi-Ed

Equines and Education

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Message: (707) 5-HORSES Website: www.equi-ed.org

Name: _____ Birthdate: _____
Address _____ City : _____ Zip _____
Parent/Guardian/Spouse/Other (specify relationship _____)
Home Phone: _____ Cell _____ Work Phone _____ Email _____
In Emergency Contact: _____ Phone # _____

LIABILITY RELEASE:

WHEREAS, the undersigned acknowledges the inherent risks involved in riding and working with horses, which risks could include bodily injury from using, riding, or being in close proximity to horses, among other risks, and further, that both horse and rider or the volunteer assisting them can be injured in normal use or in competition or schooling (horses are unpredictable by nature, when frightened or angry or under stress, a horse's natural instincts are to jump forward or sideways, to run away from danger at a trot or gallop, to kick, to buck, to rear up in front, or to bite; horses are extremely powerful; and if a rider falls to the ground, the fall distance will be generally from 3 to 5 feet).

I understand these risks, and I voluntarily assume these risks and dangers with the feeling that the potential benefits to myself/my son/daughter/my ward are greater than the risk assumed.

IN CONSIDERATION, therefore, for the privilege and personal desire to take riding lessons and/or be with horses in the Equi-Ed Therapeutic Riding Program, whose instruction or related activities are held at:
Napa Valley Farm and Ranch 1310 Bennett Lane, Calistoga, CA

1218 Bennett Lane, Calistoga, CA.

County of Sonoma Mark West Regional Park 3000 Porter Creek Road, Santa Rosa, CA
or Sonoma County Community College District and SRJC Shone Farm, Forestville, CA

the undersigned does hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, agrees to hold harmless and indemnify Equi-Ed, Santa Rosa Junior College, Sonoma County Regional Parks, its Board of Directors, staff, instructors, therapists, students, other volunteers, and the owners, principals, and heirs of 1218 and 1310 Bennett Lane, Calistoga, CA and further release any of them from any liability or responsibility for accident, damage, injury, illness or death to the Undersigned or to any horse owned by the Undersigned while under the direction, instruction or participation in any aspect of the Equi-Ed Therapeutic Riding Program.

Student/Staff/Guest/Volunteer Signature Date: _____

(Parent/Guardian Signature if under 18) Date: _____

PHOTO RELEASE (Optional): I HEREBY CONSENT TO AND AUTHORIZE THE USE AND REPRODUCTION BY EQUI-ED OF ANY AND ALL PHOTOGRAPHS AND ANY OTHER AUDIOVISUAL MATERIALS TAKEN OF ME/MY CHILD/MY WARD FOR PROMOTIONAL PRINTED MATERIAL, EDUCATIONAL ACTIVITIES, EXHIBITIONS OR FOR ANY OTHER USE FOR THE BENEFIT OF THE PROGRAM.

Student/Staff/Guest/Volunteer Signature Date: _____

(Parent/Guardian Signature if under 18) Date: _____

Confidentiality Agreement

I, _____, agree that all information I might encounter at Equi-Ed that pertains to students, staff, volunteers or other persons affiliated with Equi-Ed is strictly confidential. Any information including student information, rider profiles, other documents or materials shall not be discussed outside of the facility, even when shared by the rider or their parent/caregiver. This information will be kept confidential during and after my time at Equi-Ed.

Personal information: Many volunteers have profiles or post data and information on websites such as facebook, [tik-toc](#), linkedin and others. It is imperative that you protect information shared on these public sites. Details of your day, or client interaction should not be accessible on these sites and it is your responsibility to maintain confidentiality. Information about Equi-Ed, its clients, fellow volunteers and staff or procedures/processes published on such sites will be addressed immediately upon discovery and can be followed up by disciplinary actions up to and including termination. Photos and video are NOT to be taken of students, volunteers or staff, nor are they to be posted on any of the above websites without the expressed prior consent of Equi-Ed's Executive Director. You may only "share" postings from the Equi-Ed site.

Background Information

CURRENT DRIVERS LICENSE Yes No LICENSE/I.D.# _____ STATE _____

Have you ever been charged or convicted of a crime?

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.

- Equi-Ed has made a volunteer manual available to me. I agree to read the manual in its entirety and to abide to its guidelines and procedures for working within the Equi-Ed therapeutic riding program.
- I agree to abide by the program's confidentiality policy.

Printed Name _____
(volunteer/staff)

Volunteer/Staff Signature _____ Date _____

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

EQUI-ED Volunteer/School staff Acknowledgment of Risk
COVID- 19
2023

I/my child/ward _____, a volunteer for Equi-Ed am aware of the risk of contracting COVID19 while performing volunteer work at the facility during this time of pandemic. I acknowledge that although Equi-Ed and I/my child/ward are taking reasonable precautions, I/my child/ward may still contract the disease. I acknowledge that certain at-risk populations such as persons over age 60, those with underlying medical conditions such as diabetes, hypertension, respiratory issues or obesity are more susceptible to the disease, and I knowingly accept the risk of potentially contracting COVID-19 despite reasonable precautions.

I/my child/ward am aware that face to face services increase my risk of contracting and passing on COVID-19 or Coronavirus. Equi-Ed cannot guarantee social distancing in cases of needing assistance to mount/dismount, emergencies or other unforeseen events and that I/my child/ward may be exposed despite the best efforts of Equi-Ed.

- I/my child/ward agree to and will follow all guidelines for standard precautions, personal safety and public safety as recommended by Equi-Ed, Santa Rosa City Schools, and the Sonoma County Department of Health. At this time, mask wearing is optional in the outdoor environment of the program.
- I/my child/ward agree to cancel my scheduled volunteer time with as much notice as possible and time to arrange for finding a substitute, should I/my child/ward have personally exhibited and/or tested positive within 12 hours or have been in contact with someone who has presented with symptoms of illness including: coughing, sneezing, fever, shortness of breath or difficulty breathing or additional signs of potential spread of any virus or bacteria/disease such as chills, body aches, sore throat, headache, diarrhea, nausea/vomiting, and runny nose within the previous 2 weeks.
- I/my child/ward agree to abide by and follow the COVID 19 procedures posted at the facility.
- I/my child/ward agree to comply with this release and hold harmless all individuals associated with or through my volunteer/student assistant/school teacher services at Equi-Ed
- All volunteers are required to be fully vaccinated and boosted for COVID. I will notify and submit proof (copy of vaccination card) of COVID vaccinations.

Name: _____ Date: _____

Signature: _____

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____