



HIS MOUNTAINTOP MINISTRIES, INC

'Kid's Ride Free'

'We're not disabled, we're just different'



Introduction

Helping people with emotional, physical and cognitive challenges.

What do volunteers do?

During a session, volunteers assist the riders with mounting, riding (walking and trotting), in performing a variety of exercises on the horse, and dismounting. They do this by being Lead walkers and/or Side walkers. We also need Barn Volunteers to help with chores around the ranch.

Under the direction of Instructor, our volunteers provide a safe, secure and a greatly enhanced riding experience to children and adults with a variety of special needs. Minimum volunteer age is 14. Parents or guardians of volunteers under age 16 must be on the premises during classes.

Lead walkers are responsible for the horse, the **safety** of those around the horse, and must pay careful attention to class directives given by the instructor. Lead walkers should have extensive experience handling horses.

Side walkers are responsible for the student's comfort and **safety**. They must be aware of the student's balance at all times to make sure they stay centered on their horse. Side walkers assist the student directly in performing the tasks outlined by the Instructor. No experience is required.

Volunteers ready the horse for the lesson, grooming and tacking up, and care for the horse when the lesson is over.

For information on how to volunteer, Please call His Mountaintop Ministries, Inc office at (530) 741-9269 or email horsesdoctor@ymail.com.



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LEAD VOLUNTEERS

Roles, Responsibilities and Boundaries

ROLES:

Lead volunteers have become an essential element to running a smooth program. Their ability to aide inexperienced volunteers in the preparation of tack, grooming and tacking the horses and interaction with the riders is invaluable. Lead volunteers teach by example: attire, speech, conduct, horse handling and student interaction. They are knowledgeable about the rules and routines of the program, have consistently demonstrated sufficient knowledge of equine handling and care, show good people skills and able to focus on the task at hand and are willing to take direction from staff/instructors.

RESPONSIBILITIES:

SAFETY

- - First and foremost concern for self, students, volunteers and horses.
- - Notes proper attire, behaviors and skills of all individuals participating in lessons. Reports concerns to instructor.
- - Notes condition and behaviors of equines. Reports concerns to instructor.
- - Demonstrates/adheres to uniform safety rules (tying methods rope length, knot, spacing, enforces safe location for riders, rider management around equines, etc).
- - Is able to teach a task safely (providing guidance and effective feedback).
- - Checks gates, whenever near, to ensure that chains are appropriately wrapped and clipped.

CLASS PREPARATION

- - Arrive 30 minutes before class.
- - Prepare tacking stations (tack, grooming tools).
- - Oversee grooming and tacking of horses.
- - Check stirrup lengths.
- - At request of instructor, log any change in Tack.

- - Ensure that cinches are loose.
- - Check peacock rubber band.
- - Inform Instructor when Horse is ready to be bridled.
- - Ensure that horses are ready 5 minutes before start of lesson.
- - Return horses to runs, prepare horses for next class.
- - End of day, survey tack room, help return horses to pasture.
- - Keep a lookout for tasks to be done.

STUDENTS

- - Inform Instructor of student arrivals.
- - With Instructor's direction: greet student, aid in helmet check, escort to tacking station, aid in mounting procedures oversee safety practices.
- - Provide good example of student/volunteer interaction.

BOUNDARIES:

- ❖ - No Smoking.
- ❖ - Do not counter act or question Instructor in front of students, parents or other volunteers. Ask to speak privately.
- ❖ - Be diplomatic, guide not dictate.
- ❖ - Work closely with Instructor, do not try to instruct.

THANK YOU TO ALL OUR LEAD VOLUNTEERS



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Volunteer/Staff Information Form

Information on this form is to be reviewed/updated for accuracy yearly. Please Date and Initial below:

REGISTRATION (Please print)

Today's Date: _____

Name: _____ Home Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Cell Phone: _____

Drivers License Number: _____ State: _____ Exp Date: _____

If student, name of school: _____ City: _____

How did you learn about His Mountaintop Ministries, Inc.: _____

Date of Birth: _____ Are you 18 years of age or older: Yes ___ No ___

(If you are under 18 years old, your parent/guardian/caregiver must also co-sign all parts of form.)

Parent/guardian/caregiver _____ Contact Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

"I am interested in volunteering in the following areas at His Mountaintop Ministries, Inc.:

_____ volunteering in riding classes/lesson activities	_____ barn maintenance/cleaning
_____ fundraisers/special events	_____ special renovations
_____ office assistance	_____ other: _____

I am available: Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___ Saturday ___

Special talents or abilities to share: _____



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CONFIDENTIALITY POLICY:

I will not, with out agreement of the His Mountaintop Ministries, Inc. clients and/or His Mountaintop Ministries, Inc. staff, disclose to anyone any confidential information regarding the center or its clients. I will not discuss any client by name or reference in public, even with other His Mountaintop Ministries, Inc. volunteers, due to the risk of being overheard. I will be sensitive to address each His Mountaintop Ministries, Inc. client as a person and not as a diagnosis, and never refer to a client in the third person if that person is present.

Signature: _____ Date: _____

BACKGROUND INFORMATION:

Have you ever been convicted of a felony? No _____ Yes _____ If yes, please explain

I authorize His Mountaintop Ministries, Inc. to receive information from any law enforcement agency of this state or any other state or federal government, to the extent permitted by state and federal law, pertaining to any felony convictions I have had. I understand that any such access is for the purpose of considering my application as a volunteer/employee and that I expressly DO NOT authorize His Mountaintop Ministries, Inc., 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 Liability Release:

I acknowledge the risks and potential for risks of horseback riding and activities in and around a facility where horses are kept and farm machinery operated. However, I feel that the possible benefits to me/my son/my daughter/my ward are greater than the risk assumed. Intending legally to bind myself, my heirs, and assigns, executors or administrators, I hereby waive and release forever all claims for loss or damages of any kind against His Mountaintop Ministries, Inc, its Board of Directors, Instructors, Therapists, Aides, Volunteers and Employees for any and all injuries and losses that I/my son/my daughter/my ward may sustain while participating in the His Mountaintop Ministries, Inc. therapeutic riding program. This release includes without limitation the risk of negligent instruction and supervision. I engage in activities at His Mountaintop Ministries, Inc. voluntarily with knowledge of the risks and I assume all risks of injury, death, and property damage that may result. I agree to bear any loss myself. I acknowledge that His Mountaintop Ministries, Inc. and the property owners are materially relying on this waiver and assumption of risk in allowing me/my son/my daughter/my ward to participate in activities at His Mountaintop Ministries, Inc.

Date: _____ Signature: _____



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PHOTO RELEASE: I DO _____ I DO NOT _____ consent to and authorize the use and reproduction by His Mountaintop Ministries, Inc. of any and all photographs, video tape, audio tape, and any other audio-visual materials taken of me to promote His Mountaintop Ministries, Inc.

Signature: _____ Date: _____

Emergency Contact / Medical Consent / Non-Consent Agreement:

In case of emergency contact: Name _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Address: _____ City: _____ St: _____ Zip: _____

Physician: _____ Phone: _____

Hospital: (In an emergency you will be transported to RIDEOUT HOSPITAL, MARYSVILLE, CA)

_____ **I GIVE** permission to secure medical treatment including x-ray, surgery, hospitalization and medication.

Signature: _____ Date: _____

_____ **I DO NOT GIVE** permission to secure medical treatment x-ray, surgery, hospitalization or medication.

Signature: _____ Date: _____

Non-Consent Plan: In the event emergency treatment / aid is required, I wish the following procedures to take place:

HEALTH HISTORY: A current tetanus shot is recommended
(Optional) Allergies, Medications, or Conditions: _____



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To the best of my knowledge, I know of no reason why I should not volunteer at His Mountaintop Ministries, Inc.

Signature: _____ Date: _____

HORSE EXPERIENCE

Please explain in detail, you current and previous experience working with and/or owning horses.

Previous Volunteer Experience – Please list any organizations where you volunteer(ed), your duties, and the dates.



Professional Association of Therapeutic
Horsemanship International

Authorization for Emergency Medical Treatment

Participant Staff Volunteer

Name: _____ DOB: _____ Phone: _____

Address: _____

Physician's Name: _____ Preferred Medical Facility: _____

Health Insurance Company: _____ Policy #: _____

Allergies to Medications: _____

Current Medications: _____

In the event of an emergency, contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Consent Plan

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 _____ to:
(Center Name)

1. Secure and 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.

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.

Date: _____ Consent Signature: _____

Client, Parent or Legal Guardian

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.

- Parent or legal guardian will remain on site at all times during equine assisted activities
- In the event of emergency treatment/aid is required, I wish the following procedure to take place:

Date: _____ Non-Consent Signature: _____

Client, Parent or Legal Guardian