

HIS MOUNTAINTOP MINISTRIES, INC.

- Therapeutic/Adaptive Horsemanship-



Welcome Volunteers!

Serving
Individuals with
Disabilities
31 years
1993-2024

Thank you for your interest in volunteering for His Mountaintop Ministries and Therapeutic/Adaptive Horsemanship. is a non-profit therapeutic horseback-riding program for individuals with neurological, physical, and emotional challenges.

Riding Therapy Session Volunteers

Our riding therapy session volunteers fill a special role in the therapy sessions. Each rider receives one thirty or forty -minute riding session per week tailored to his/her individual needs. The riders enjoy and look forward to seeing their volunteers week after week. Many friendships and special bonds are formed during these sessions. This program is a rewarding and exciting experience for both the rider and the volunteer.

Riding Therapy Volunteer Job Descriptions

Groomer: Volunteer should have equine background and experience or willingness to learn. Arrive at the arena one half hour prior to session in order to groom and tack horses. Volunteer needs to attend a Grooming and Tacking In-Service before he/she can perform this role. Volunteer needs to be at least 14 years old.

Sidewalker: Volunteer will walk beside the horse and rider. Some light jogging may be necessary when trotting. Usually, two sidewalkers are used for each rider; one on either side of the horse. Riding sessions are for 30-45 minute intervals. Volunteer should be in good health and mentally alert. Volunteer needs to be at least 14 years old, at discretion of Therapist.

Horse Leader: Volunteer should have equine background and experience. This person is in charge of the horse until the instructor releases him/her from duty. The leader is responsible for controlling the horse's pace and movements in response to the rider's ability. Volunteer should be in good health so that he/she can keep up with the horse at a brisk walk or jog when trotting. Volunteer needs to be at least 16 years old.

Grooming Station Monitor: Volunteer should have equine background and experience or willingness to learn. Volunteer will assist riders in grooming at the grooming station. Volunteer needs to attend a Grooming and Tacking In-Service before he/she can perform this role. Volunteer needs to be at least 16 years old, unless they have approval from the instructor on duty.

Arena Monitor: Volunteer is responsible for coordinating sidewalkers and horse leaders with riders. Volunteer is present during the entire riding session and becomes familiar with the riders, families and volunteers for that riding session. Volunteer needs to be at least 16 years old.

Arena Assistant: Volunteer is responsible for assisting with the gates, toys and props for the children, etc. Volunteer needs to be at least 14 years old.

Riding Therapy Volunteer Qualifications:

- Must be physically able to work a 2 1/2 hour session.
- Must be able to make cognitive decisions and capable of learning and understanding written material.
- Volunteers need to make a commitment to one riding session per week for a 6-month period.
- Volunteers need to be at least **14** years old, be at least 5 feet tall and weigh at least 100 pounds.
- Complete the mandatory training sessions.

Riding Therapy Session Times:

Our program needs volunteer workers for all of the riding therapy sessions. The current schedule for our regular riding therapy sessions is set forth below. We schedule volunteer workers for the riding therapy sessions based on the volunteer's skills and interests as well as our program needs.

Saturdays 8:00 - 1:30 (at this time)

Thursday 3:00 – 5:30 (presently)

Other Volunteer Opportunities

Videographer: Volunteer is responsible for working with our therapists to record individual rider therapy sessions at regular intervals during the calendar year so that we can document and track each rider's progress in the program. Experience with *video* and other recording media is required. Volunteer needs to be at least 18 years old.

Additional Help: Volunteers with various skills are needed on a consistent basis to work at various special *event* fund-raisers, including our annual golf tournament, and to assist in the upkeep of the *Therapeutic/Adaptive Horsemanship* property. If you *have* a particular skill, expertise or interest (i.e. writing letters for newsletters, photography, public speaking, etc.) that you would like to share, *Therapeutic/Adaptive Horsemanship* can use your help!

Our riding facility is located at 80 Lyles Ln., Lincoln, CA ((off of Hwy 193 past Sierra College Blvd.))

Without the dedicated assistance of our wonderful volunteers, we would be unable to provide this program. If you *have* further questions, please do not hesitate to call us at (530) 561-4321 / (916) 768-8901. or email at: horsesdoctor@ymail.com

We look forward to hearing from you soon.

Therapeutic/Adaptive Horsemanship and His Mountaintop Ministries, Inc.
A Therapeutic Horseback Riding Program

ARENA PROCEDURES

OPENING

1. Arena
 - Sweep blocks
 - Place cones and poles around arena
 - Bring out black toy box and balls
 - Place puppets on top of poles and/or in mailbox
2. Observation Deck
 - Set up coffee and/or food
3. Attendance Books
 - Volunteer Sign-In book open to correct page
 - Rider Sign-In Book open to the correct page

DURING PROGRAM

1. Riders Check-In
 - Rider has helmet on and fitted before entering the arena
2. Volunteers
 - Volunteer has rider activity card for each rider
 - Two volunteers greet and escort rider into the arena
3. Parents
 - Observe your child riding
 - Supervise other siblings
 - Do not feed the horses during program

CLOSING

1. Arena
 - Cones and poles returned to coiners
 - Puppets and toys put in black toy box and returned with balls to observation deck
2. Observation Deck
 - Deckswept
 - Chairs and food table straightened and/or cleaned up
3. Attendance Books
 - Volunteer sign-in book- Volunteers signed in
 - Rider sign in book-Riders signed in



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Therapeutic/Adaptive Horsemanship
 "We're not disabled...We're just different"

Serving Individuals
with Disabilities
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Information Form & Release of Liability

General information

Name: _____ Date: _____

Address: _____

Date of Birth: _____ Phone: (H), _____ (W) _____

Employer/School: _____

Address: _____

Email Address: _____

Parent/Legal Guardian Name and Address: _____

How did you learn about the program? _____

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)

Health History

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

Allergies: _____

Medications: _____

Check which areas you are interested in:

Wednesday Thursday Friday Saturday Other: _____

Program

- Horse handling
- Sidewalking with a student
- Stable management
- Facility Repairs

Special Events

- Barn Dance
- Fundraising
- Golf Tournament
- Other

Administration

- Public Relations
- Grant Writing
- Newsletter
- Volunteer Recruitment
- Photography/Video
- Budget & Finance
- Future Planning

I understand that the information provided above is accurate to the best of my knowledge. I know of no reason why I should not participate in this center's program.

Signature: _____ Date: _____

(participant/volunteer/staff; signed in presence of center staff)

Information Form & Release of Liability - Page 2

Photo Release

- DO
 DO NOT

consent to and authorize the use and reproduction by [Therapeutic/Adaptive Horsemanship](#) of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the center.

Signature: (*participant/volunteer/staff*)

Date: _____

Background Information

Have you ever been charged with or convicted of a crime? Y N; please explain:

I, _____ (volunteer/staff), authorize [Therapeutic/Adaptive Horsemanship](#) 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 or animals.

I understand that such access is for the purpose of considering my application as an employee/volunteer, and that I expressly DO NOT authorize the PATH'S 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 Y N LICENSE NUMBER _____ STATE _____

Confidentiality Agreement

I understand that all information (written and verbal) about participants at this PATH'S center is confidential and will not be shared with anyone without the expressed written consent of the participant and their parent/guardian in the case of a minor.

Signature: _____ Date: _____
(*participant/volunteer/staff*)

Information Form & Release of Liability - Page 3

Name: _____

Address/City/Zip:

Home Phone: _____ Work/Cell Phone: _____

Participant/Volunteer/Staff Liability Release

No participant/volunteer/staff can be accepted for service until this form as been completed by the parent(s) and/or guardian(s) if a minor. If the participant/volunteer/staff is of legal age, he or she may complete this form. Therapeutic/Adaptive Horsemanship is therapeutically oriented and controlled. All participant/volunteer/staff and horses have been specially selected and trained. Safety equipment is used for all riders since riding is a risk exercise and can be dangerous.

Participation will be under strict supervision, and although every effort will be made to avoid any accident, **NO LIABILITY** can be accepted by any of the organizations or persons connected with Therapeutic/Adaptive Horsemanship or of His Mountaintop Ministries, Inc.

I, the undersigned, as self, parent(s) and/or guardian(s) of _____ self/minor, for and in consideration of the agreement of the above named facility, will hold harmless its officers, trustees, agents, employees, representatives, successors and assigns, for all manner of claims, demands, and damages of every kind and nature whatsoever which the undersigned or said minor may now or in the future have against the above named facility, its officers, trustees, agents, employees, representatives, successors or assigns on account of any personal injuries, physical or mental condition, known or unknown, to the person of the undersigned or said minor, and the treatment thereof, as a result of or in any way growing out of the acts of the above named facility, its officers, trustees, agents, employees, representatives, successors or assigns, including but not limited to their negligence or gross negligence in rendering the services above described or in any way incidental thereto.

Signature of self, parent(s) or guardian(s)

Date

Name of Mother (if a minor) _____

Home phone _____ Work phone _____

Name of Father (if a minor) _____

Home phone _____ Work phone _____

Name of Guardian (if a minor) _____

Home phone _____ Work phone _____

Authorization for Emergency Medical Treatment Form

Participant Staff Volunteer

Name: DOB: Phone:

Address: _____

Physician's Name: _____ Preferred Medical Facility: _____

Health Insurance Company: _____ Policy#: _____

(Please attach a copy of your insurance card to this application)

Allergies to medications: _____

Current medications: _____

In the event of an emergency, contact:

Name: Relation: Phone:

Name: _____ Relation: _____ Phone: _____

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 Therapeutic/Adaptive Horsemanship and His Mountaintop Ministries, Inc. to:

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.

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.

Date: _____ Consent Signature: _____
Client, Parent or Legal Guardian *(Signed in presence of center staff)*

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 emergency treatment/aid is required, I wish the following procedure to take **place:** _____

Date: _____ Consent Signature: _____
Client, Parent or Legal Guardian *(Signed in presence of center staff)*



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Therapeutic/Adaptive Horsemanship

We're not disabled, we're just different



*** *ATTENTION* * * PLEASE READ CAREFULLY* * *ATTENTION* ***

There will be an immediate termination of Riding Privileges and/or Property Privileges, if any one or a combination of any listed offenses, including but not inclusive to:

- NO Smoking anywhere in riding or barn areas at any time
- NO Alcohol anywhere in riding or barn areas at any time
- NO drugs anywhere in riding or barn areas at any time
- No speeding in open area before parking or leaving property
- Swearing or Foul Language
- Breaking the Confidentiality agreement
- Abusing Volunteer or Horses verbally or Physically (Hitting, Spitting, Biting or Kicking, etc.)
- Speaking to a staff member, Volunteer, Parent or Client in a disrespectful or derogatory manner
- Any damage to property or Program equipment, Program Director, Property owner and any local law enforcement agency will be notified

Signed _____ Date _____