



Mesa, AZ 85207
 Phone: (480) 380-2810
 Fax: (480) 380-2861
 Hours: 9:00-6:00
 Email: Bldrmoun@aol.com

VOLUNTEER INFORMATION

[PLEASE PRINT]

First Name: _____ Last Name: _____ DOB: _____

Home Phone: (_____) _____ Email Address: _____

Cell Phone: (_____) _____

Address: _____ City/State: _____ Zip: _____

If Student, name of School: _____ City: _____

Skills & Interests:

Previous volunteer experience: _____

Hobbies & Interests: _____

Educational Background: _____ Current Occupation: _____

Equine Background: _____

Other Experience (please check all that apply): Horse Care _____ Sign Language _____ Computer Skills _____ Bi lingual _____

Do you have experience working with a particular Disability? If so, please describe: _____

Volunteer Jobs: I would like to apply for the following volunteer positions (circle the ones you may be interested in):

NOTE: There are certain criteria and skills required for some of these positions

Horse Handler	Side-Walker	Tack Cleaner
Horticulture	Housekeeping	Landscaping
Barn Help	Horse Care	Arena Care

Weekly Commitment:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Am/Pm	Am/Pm	Am/Pm	Am/Pm	Am/Pm	Am/Pm
Times: _____	_____	_____	_____	_____	_____

Background Verification:

1. Have you ever been convicted of a criminal offense? Yes _____ No _____
2. Have you ever been charged with neglect, abuse or assault? Yes _____ No _____

If yes to questions 1 and/or 2, please explain: _____

3. Are you currently under physician care or taking medication that will alter performance? Yes _____ No _____

If yes, please explain: _____

Please list (2) non-family references that we might contact:

Name: _____ Phone: (_____) _____
Name: _____ Phone: (_____) _____

Medical History and Emergency Treatment Release Information:

In Case of Emergency, please contact:

Name: _____ Home Phone: _____ Work Phone: _____
Primary Physician: _____ Address & Phone: (_____) _____
Hospital Preference and Town: _____
Medical Insurance Company: _____ Phone: (_____) _____
Policy ID#: _____
2nd Emergency Contact: Name: _____ Phone: (_____) _____

In case of emergency, I give permission to Boulder Mountain Therapy to secure medical treatment to include x-rays, surgery, hospitalization and medication.

Signature: _____ Date: _____

Medical History:

Allergies (medications, insect bites, etc.): _____
Pertinent Medical Conditions: _____
Useful Medical History: _____

Physical Requirements:

I realize that many of the volunteer jobs at *Boulder Mountain Therapy* require me to be in good health, physically active and mentally alert and focused for the 2 – 3 hour long work sessions. I have reviewed the job descriptions for which activities I am participating in. I also acknowledge that I must be able to walk briskly, occasionally trot, and also be able to tolerate times when there may be severe weather and dust.

Please initial to acknowledge: _____

I have reviewed all policies and procedures and will abide by the Rules of Boulder Mountain Therapy.

Print Name: _____ **Date:** _____

Signature: _____



Statement of Confidentiality

I understand that all information, both written and verbal, regarding clients at Boulder Mountain Therapy, and confidential business matters shall be held in strict confidence at all times except as needed within the facility for therapy and/or business purposes.

I understand that a breach of confidentiality is grounds for dismissal and may also result in legal prosecution.

Volunteer Signature

Date

Name: (Please print) _____ Phone Number: () _____

Boulder Mountain Therapy Liability Release

I understand that horses are unpredictable and even the most docile animal can and may step on, bite, push off balance, stumble, throw, or otherwise injure any person working with or around it. Safety precautions will be exercised by me for my own protection and I agree to abide by the policies and procedures of Boulder Mountain Therapy, as such policies may be amended from time to time. I also agree to exercise proper care and conduct at all times while on or near any horses, including wearing safety helmet and closed toe shoes with heels.

Neither Boulder Mountain Therapy nor any of its officers, instructors, volunteers, participants, employees, agents, or owners of the property where Boulder Mountain Therapy events are conducted shall be held liable for any claims, demands, injuries, or damages, arising out of or in connection with my participation in any Boulder Mountain Therapy event.

I further acknowledge that I will not hold Boulder Mountain Therapy, its officers, instructors, volunteers, participants, employees, agents, or owners of the property, where Boulder Mountain Therapy events are conducted, liable, or responsible for any injury sustained by me while participating in activities at sites where horse therapy classes and related events may be held. I ride and/or participate at my own risk, and agree to take all necessary precautions to prevent all accidents. These precautions include, but are not limited to, the wearing of protective headgear.

I hereby release Boulder Mountain Therapy, its officers, instructors, volunteers, participants, employees, agents, or owners of the property, where lessons, horse shows or Boulder Mountain Therapy events occur, from all liability for property damage and personal injury to me, I assume the risk of injury which I may sustain arising from approaching, handling, or riding a horse in connection with Boulder Mountain Therapy activities.

This agreement shall apply to any horse or horses being used or maintained upon the grounds where a Boulder Mountain Therapy event is being held, or any person or equipment affiliated with the event.

Furthermore, I assume full responsibility and liability for the conduct and safety of any and all persons I bring onto the property where Boulder Mountain Therapy events are conducted, including minors.

I have read and understand all of the above and waive any claim which may arise against Boulder Mountain Therapy, its officers, instructors, volunteers, employees, agents, or owners of the property where Boulder Mountain Therapy events are conducted.

This agreement is effective upon signing and continues so long as I participate in Boulder Mountain Therapy events.

I agree to pay all costs and attorneys' fees arising from any suit, legal proceedings or threatened proceedings which are or may be brought by me contrary to the terms of this Agreement.

Signature of Volunteer: _____ **Date:** _____

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

RISK MANAGEMENT STATEMENTS:

- I understand that I cannot smoke while on the property of Boulder Mountain Therapy Y N
- I understand Boulder Mountain Therapy has designated business hours at which time the staff are present
Or on the property Y N
- I understand that I must wear an ASTM/SEI approved riding helmet to ride any horses Y N
- I understand that horses are not to be fed anything by hand. Hand feeding encourages biting and
Nipping Y N
- I understand that horses are unpredictable and may kick, bite, or step on me Y N

SIGNATURE: _____ **(Parent or Guardian if under 18)**

PHOTO RELEASE:

I hereby consent to and authorize the use and reproduction by Boulder Mountain Therapy 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.

SIGNATURE: _____ **(Parent or Guardian if under 18)**

Volunteer Policies & Procedures

What do I wear?

Volunteers are encouraged to wear comfortable clothes. Close fitting clothing around horses is best. Shorts are acceptable during the hot months. You will be walking on uneven terrain so comfortable, closed toed shoes are required. No sandals. We prefer you wear hard toed shoes. Finally, avoid wearing dangly earrings or bracelets.

Class Cancellations:

The Boulder Mountain Therapy rarely cancels class. In the event of **severe weather** or emergency, please call us first and **30 minutes prior to arriving**. Our phone number is: (480) 380-2810.

Absence:

Please keep in mind that consistency is vital to our clients comfort and success. Your absence disrupts this flow. We do understand that emergencies arise and in such a case, please call Boulder Mountain Therapy right away so arrangements can be made.

Minimum Age Requirements:

No one under the age of 16 is allowed to work directly with the horse and rider during class. This is a PATH Standard and insurance issue. Horses can be dangerous therefore all volunteers must sign the liability release

Sign in Procedures and Recording Hours:

When you volunteer at The Boulder Mountain Therapy, it is important that you document your hours in our volunteer log. Sign in sheets are in the volunteer room.

Volunteers and Riding Horses:

Volunteers with riding experience may go through our Exercise Rider Evaluation, be signed off and approved by the administrative staff. Upon completion and approval, they may participate in exercising the horses.

Safety Rules:

- Absolutely no smoking on the premises.
- All cell phones must be turned off during class, as they may spook the horse and startle the rider.
- Riding clients on site must be supervised at all times
- Mounted persons must wear helmets at all times.
- If you are injured in any way, report to staff and fill out appropriate paperwork (incident report).
- Absolutely no feeding the horses by hand.
- Before working with horses, you must be checked off on Equine skills.

Standard of Conduct:

- Treat all riders, staff, volunteers and rider families with respect and courtesy.
- Treat horses in a humane and respectful manner.
- Refer ideas to staff members. They are encouraged and great ideas can help make a difference!
- Maintain rider confidentiality. Names, medical and personal information are private and need not be shared.
- Follow The Boulder Mountain Therapy policies, safety procedures and program standards.
- Therapy rooms are always off limits.
- Accept direction from instructors and therapists with grace and a positive attitude.
- Refrain from any type of obscenities and/or crude gestures.
- Maintain high standards of dress, grooming and personal cleanliness.
- Be positive.
- Most of all, have a great time!

- **Signature of Acknowledgement:** _____



The Horse Leader (HH): **Is a silent Partner**

Horse Leader comes early to prepare the horse for Hippotherapy (grooming and tacking). The horse leader warm up the horse before class begins. In order to control the horse at all time, the horse leader must be aware of his/her surroundings at all times.

The Side Walker (SW): **Is a “Silent Partner”**

Side Walkers comes fifteen minutes early in order to help with arena set up or other activities. They will need to help with balance and support of the rider sometimes. Be sure to NOT to lean on the horse or rider. Help the rider when needed or instructed by the Therapist.

