



Sundance
Equine Assisted Therapies

*There is no secret so close as that between
a rider and his horse.
~ Robert Smith Surtees*

Volunteer Application

At Sundance Therapeutic Riding Center, children and adults with disabilities will move beyond their boundaries through the healing power of the horse and the dedication of a professional, caring community

Welcome to Sundance Equine Assisted Therapies

Thank you so much for your interest in Sundance Equine Assisted Therapies. We are excited that you want to become a volunteer. Our volunteers are the lifeblood of our center and our therapeutic riders could not achieve their goals without the help of wonderful people like you.

In addition to assisting the instructors as a lesson volunteer, there are many other volunteer opportunities to choose from. We feel that you will find a match for your special talents. The following pages include the description of some of the opportunities as well as volunteer registration forms. Please fill out the forms and return them to Laura Allen at:

info@sundancetherapies.org

or

PO BOX 11287

College Station, TX 77842

We look forward to having you on our Therapeutic Horsemanship Team!

Volunteer Opportunities

Where do I fit?

At Sundance Therapies we have an opportunity for everyone who is willing to give of their time and talent. Listed below is a brief description of jobs that need YOU. Take a look at them and see where you fit.

For hands-on interaction and physical exercise you might want to be a:

Sidewalker – The primary responsibility of a sidewalker is to maintain constant safety awareness, while providing physical and motivational support to the rider. There are usually 2 sidewalkers per rider.

Qualifications for Sidewalker – Minimum age is 14. Be able to walk briskly in stand for 15-20 minutes. Jog intermittently short periods of time while horse is trotting. Attend volunteer training and be committed for your time slot assignment.

If you have experience with horses you might want to be a:

Horse Leader - The main responsibility of the leader is to control the horse during grooming and the lesson. It is the leader who must help in guiding; stopping and starting without making the rider feel that they are simply a passenger.

Qualifications for Horse Leader - Minimum age is 14. Must have experience with horses and be approved by the director. Attend hands-on training and be responsible for continued training as needed. Should be able to walk at a fast pace and jog intermittently during the lesson.

If you like to organize and clean you might want to be a:

Tack Master – This job consists of helping our tack room stay clean and organized. Helping riding teams gather the tack specified for each lesson and make sure it all gets cleaned and put where it belongs.

Qualifications for Tack Master – Minimum age 14. You must be willing to attend one volunteer training session.

If you want to work inside you might want to be a:

Paper Jockey – We have filing, data entry, phone calling that needs to be completed everyday just to keep our organization running. Paper Jockey's have flexible hours.

Qualifications for Paper Jockey – Minimum age 14. You must be willing to attend one volunteer training session.

If you like to help plan parties and events you might want to be on the:

Chuck Wagon Team – We will need folks to help with volunteer appreciation and riding events. This may entail menu planning cooking, helping to serve, table set up and clean up.

Qualifications for Chuck Wagon Team – Minimum age 14. You must be willing to attend one volunteer training session.

If you want to assist in handy man/woman projects you may want to be a:

Roustabout – You will work on special projects for general maintenance purposes.

Qualifications for Roustabout – Minimum age 14. You must be willing to attend one volunteer training session.

If you have computer skills you might want to be:

Website Wrangler – You help us by keeping our website current.

Qualifications for Website Wrangler – An understanding of basic HTML, CSS, Drupal, and some graphic design skills. A short drupal content management course will be provided. Areas that will require updates are "News & Events," "Meet the Horses", "Wish list", "Staff", "Calendar" and "Photo Gallery".

Volunteer Application

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (H) _____ (C) _____ (W) _____

Email: _____ Date of Birth: ____ / ____ / ____

Parent/Guardian _____ Phone: _____

(If under 18)

How did you find out about us? _____

Height _____ Shirt Size _____ Fluent foreign language _____

Emergency Contact Information: Name/relationship _____
 Phone: Cell _____ Work _____ Home: _____

Employer/School: _____

Occupation: _____

Areas of interest: (check all that apply)

- Riding Classes
 Tack Cleaning
 Facility Maintenance
 Horse Care
 Office work
 Fund Raising
 Special Events
 Other: _____

Experience working with horses:
 little/none
 some
 considerable

Please describe briefly: _____

Experience with people with disabilities:
 little/none
 some
 considerable

Please describe briefly: _____

Please indicate your availability. (Check all that apply)

	10:00 am – 12:00 pm	12:00 p – 2:00 p	2:00 p – 4:00 p	4:00 p - 6:00 p	6:00 p – 8:00 p
Tuesday					
Wednesday					
Thursday					
Friday					

Office Use Only
 Volunteer Training Date: _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Volunteer/Participant's Name: _____
Please Print

In case of Emergency, contact: _____ Phone(s): _____

Physician's Name: _____

City: _____ Phone: _____

Preferred Medical Facility: _____

Health Insurance Carrier: _____ Policy #: _____

Please indicate any allergies: _____

Please indicate any disability, limitations or medical conditions that may affect your volunteer role and that we should be aware of: _____

Date of last Tetanus shot: _____

CONSENT PLAN:

I give consent for emergency medical treatment/aid (including x-ray, surgery, hospitalization, medication, and any treatment procedure deemed "life saving" by the physician). In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, any participation on my part at Sundance Therapeutic Riding Center, or while being on the property of Brad and Laura Allen (location of Therapeutic Riding Center), I authorize Sundance Equine Assisted Therapies, Inc. to:

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

Volunteer/Participant Consent Signature: _____ Date: ____ / ____ / ____

Signature of Parent/Guardian: _____

(If volunteer/participant is under 18 years of age, both signatures are required)

NON-CONSENT PLAN:

I do not give consent for emergency medical treatment/aid in the event of illness during the process of receiving services, any participation on my part at Sundance Therapeutic Riding Center, or while being on the property of Brad and Laura Allen (location of Therapeutic Riding Center). In the event emergency treatment/aid is required, I wish the following procedures to take place: _____

Volunteer/Participant Signature: _____ Date: ____ / ____ / ____

Signature of Parent Guardian: _____

(If volunteer/participant is under 18 years of age, both signatures are required)

Volunteer/Participant Name: _____

PHOTO RELEASE: I consent to and authorize I do not consent to nor do I authorize; the use and reproduction by Sundance Therapies of any and all photographs and any other audiovisual materials taken of me or my child or family member for promotional printed material, educational activities, exhibitions, or for any other use for the benefit of the program.

Volunteer/Participant Signature: _____ Date: _____ / _____ / _____

Signature of Parent Guardian: _____

(If volunteer/participant is under 18 years of age, both signatures are required)

POLICY OF CONFIDENTIALITY: I agree to respect and observe privacy and confidentiality of the participants, volunteers and donors of Sundance Equine Assisted Therapies and not discuss or disclose any sensitive information about any person or their family.

Volunteer/Participant Signature: _____ Date: _____ / _____ / _____

Signature of Parent Guardian: _____

(If volunteer/participant is under 18 years of age, both signatures are required)

PLEASE COMPLETE: Driver's License#: _____ State: _____

Have you ever been convicted of a criminal offense? No Yes; when _____

Explain: _____

The above information may be verified and I give permission to make inquiry of others, *including a background check*, concerning my suitability to act as a volunteer at Sundance Therapies.

Volunteer Signature: _____ Date: _____ / _____ / _____

Signature of Parent Guardian: _____

(If volunteer/participant is under 18 years of age, both signatures are required)

ADULT LIABILITY RELEASE: (For persons 18 Years and Older ONLY)

I acknowledge the risks and potential for risks of horseback riding and working with horses, including but not limited to: falling or being thrown from a horse; being kicked, stepped on or bitten by a horse; hitting overhead objects; and/or injuries sustained while mounting or dismounting a horse. I further acknowledge the risks and potential for risks associated with recreational and outdoor activities, including but not limited to: snake, animal or insect bites; uneven ground; sun, cold and wind exposure; cuts and scrapes; sore or pulled muscles; broken, dislocated or fractured bones; nerve damage; internal injuries; head injuries; grievous bodily injury and death. However, I feel that the possible benefits to be offered at Sundance Therapeutic Riding Center are greater than the risks assumed.

I hereby, intending to be legally bound for myself, my heirs, assigns, executors and administrators, waive and release forever all claims for damages against Sundance. Equine Assisted Therapies, its directors, officers, landlord, agents, employees, clients, independent contractors and volunteers (collectively, "The Released Parties") from any and all claims, demands and causes of action of any and every kind or nature including any and all injuries and/or losses I may sustain while participating in activities at or sponsored by Sundance Equine Assisted Therapies or while on Brad and Laura Allen's property (location of Therapeutic Riding Center), from whatever cause, including but not limited to the negligence of The Released Parties.

I certify that I am 18 years of age or older and am fully competent to enter into this release. I have read this Release in its entirety. I understand the terms of this Release and have signed this Release voluntarily and with full knowledge of the effects thereof.

Volunteer/Participant Signature: _____ Date _____ / _____ / _____

RELEASE FOR A MINOR OR WARD: (For persons under 18 Years of Age OR for Adults Who Have a Legal Guardian)

That I, _____, the undersigned, a parent/legal guardian of _____, for and in sole consideration of the privilege of permitting said person to participate in activities at or sponsored by Sundance Equine Assisted Therapies and recognizing that horse riding activities involve certain inherent dangers and risks to persons and property, do hereby agree to assume for myself and on behalf of my ward or child, the risks and dangers attendant to such activity, including but not limited to: falling or being thrown from a horse, being kicked, stepped on or bitten by a horse or other animal, and/or injuries sustained while riding, mounting or dismounting a horse. I further acknowledge the risks and potential for risks associated with recreational and outdoor activities, including but not limited to: snake, animal or insect bites; uneven ground; sun, cold and wind exposure; cuts and scrapes; sore or pulled muscles; broken, dislocated or fractured bones; nerve damage; internal injuries; head injuries; grievous bodily injury and death. I am aware of these and other risks associated with horse riding activities, however, I feel that the possible benefits to be offered at Sundance Therapeutic Riding Center are greater than the risks assumed.

I hereby, intending to be legally bound for myself and my child/ward, heirs, assigns, executors and administrators, waive and release forever all claims for damages against Sundance Equine Assisted Therapies its directors, officers, landlord, agents, employees, clients, independent contractors and volunteers (collectively, "The Released Parties") including any and all injuries and/or losses I or my child/ward may sustain while participating in activities at Sundance Therapeutic Riding Center, or while on Brad and Laura Allen's property (location of Therapeutic Riding Center), from whatever cause, including but not limited to the sole or contributory negligence of all or any of The Released Parties.

I DO HEREBY FURTHER AGREE TO INDEMNIFY, DEFEND AND HOLD HARMLESS THE RELEASED PARTIES FROM AND AGAINST ANY AND ALL CLAIMS, LOSSES, DAMAGES, CAUSES OF ACTION, ATTORNEY'S FEES AND EXPENSE OF LITIGATION FOR DEATH OR INJURY TO ANY PERSON OR FOR LOSS OF OR DAMAGE TO ANY PROPERTY ARISING OUT OF OR IN CONNECTION WITH MY CHILD/WARD'S PARTICIPATION IN ACTIVITIES AT OR SPONSORED BY SUNDANCE EQUINE ASSISTED THERAPIES. IT IS MY EXPRESS INTENTION THAT THE INDEMNITY PROVIDED FOR IN THIS PARAGRAPH IS AGREED TO BY THE UNDERSIGNED IN ORDER TO FULLY INDEMNIFY AND PROTECT SUNDANCE THEAPIES FROM THE CONSEQUENCES OF THE RELEASED PARTIES' OWN NEGLIGENCE, WHETHER THAT NEGLIGENCE IS THE SOLE OR CONTRIBUTING CAUSE OF INJURY, DEATH OR DAMAGE.

I, the undersigned, have read this waiver of liability, release, indemnification and hold harmless agreement and understand its terms. I execute it voluntarily and with full knowledge of its significance.











SIGNED this the _____ day of _____ 20_____

Parent/Legal Guardian: _____

Printed Name: _____

Volunteer Code of Conduct

I Will:

-  Honor my commitment to the Sundance Equine Therapeutic riders.
-  Realize that constant mindfulness is necessary for safety.
-  Take seriously the importance of confidentiality.
-  Follow the directions of the Sundance Therapeutic Riding Center staff, supporting their intentions and remaining open to their guidance.
-  Show respect towards fellow volunteers.
-  Treat the Sundance Therapeutic Riding Center horses humanely, and with understanding, patience and care.
-  No abuse to riders or horses will be tolerated and will be reported immediately to staff.
-  Help instill in our riders empathy and appreciation for the horses and volunteers.
-  Help monitor and maintain the integrity of Sundance Therapeutic Riding Center property, facilities and equipment.
-  Conduct myself in a wholesome and positive manner.

I have read and understand the Sundance Therapeutic Riding Center Volunteer Code of Conduct and agree to uphold the above code of conduct.

Signature of Volunteer: _____ Date: ____ / ____ / ____

Name (Please Print): _____