



THORNCROFT
EQUESTRIAN CENTER

Volunteer Application

Name: _____ Date: _____

The following documents must be returned to the volunteer coordinator before attending orientation.

Email documents to VOLUNTEER@THORNCROFT.ORG

For Office Use ONLY

- Application 2
- Release 5
- Acknowledgement Form 6
- Copy of Driver's License
- Copy of Insurance Card
- Criminal History Check (Individuals 18+)
- Child Abuse Check (Individuals 18+)
- Other: _____

VOLUNTEER APPLICATION:

Our mission would not be possible without our Volunteers.
We appreciate your interest in our program.

1. Will you join our Band App to keep up to date on our needs and bulletins? Yes No
2. Have you had CPR/First Aid Training? Yes No
 - a. If so, when? _____
3. Have you ever worked with individuals who have seizures? Yes No
4. Have you ever worked with individuals with disabilities? Yes No
 - a. If so, where? _____

YOUR INTERESTS:

Please check the description below that would be best suited to your interest. This can be changed or adjusted at any time. We are simply trying to get an idea of where you would like to be to start and what training to provide. **Please check all that apply**

- Regular Volunteer:
 - These volunteers would like to have scheduled volunteer time and assist regularly.
- On-Call Volunteers:
 - These volunteers would be interested in filling in as desired when help is needed.
- Barn Volunteers:
 - Barn Volunteers will assist in the stall cleaning, feeding, and maintenance of the farm. You may also choose horse grooming and tacking outside the lesson scenario.
- Seasonal Interns
 - Students can fulfill requirements for school through the volunteer program
- Summer Only
 - Some of our Volunteers want to help with summer programs
- Horse Leaders and Side Aides
 - Horse Experience Required! These Volunteers would like to help in our Therapy lessons which may include leading the horse or being a side aide to help steady a rider. Additional training is given for these positions.
- Horse Grooming and Tacking
 - These Volunteers would like to do horse grooming and tacking but do not wish to work in the lesson scenario.

ANTICIPATED AVAILABILITY (Check all that apply)

Our programs are dependent on our Volunteers. If you do not show up for a time that you have committed to, a rider may not be allowed to ride due to safety precautions.

(We ask that you give us advanced notice if cannot be there for your allotted time)

Can you commit to helping for at least six weeks? Yes No

b. How many hours per week? _____

If called for an emergency substitution, how quickly could you get to TEC? _____

	<u>Availability</u>	<u>Timeframe</u>
Monday	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Tuesday	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Wednesday	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Thursday	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Friday	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Saturday	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sunday	TEC is closed on Sundays.	

If you have a specific window of availability, please describe here: _____

PHYSICAL COMMITMENT

(For Side Aides and Horse Leaders)

1. Can you walk beside a horse for 45 minutes? Yes No
2. Are you comfortable jogging beside a horse for a short distance? Yes No
3. Can you hold one of your arms above your shoulder? Yes No
4. Can you lift 25 to 50 pounds? Yes No
5. Please list any ***physical limitations*** or ***medical conditions*** that we need to be aware of.

(Note: The safety of the entire program, including you, is of the utmost concern to us. Giving us this information will assist us in placing you in a position that is suitable for your abilities and comfort.)

HEALTH HISTORY INFORMATION:

In case of Emergency

Primary Contact: _____ Relationship: _____

Phone: (_____) _____

Secondary Contact: _____ Relationship: _____

Phone: (_____) _____

Please describe your current health status, particularly regarding the physical/emotional demands of Volunteering in our equine-assisted programs. Please address fitness, cardiac, respiratory, bone, or joint function, recent hospitalizations or lifestyle changes:

Allergies: _____

Medications: _____

Do you carry an Epi-Pen or other emergency medication? Yes No

If yes, please explain: _____

Please list any other information TEC should be aware of to ensure successful and safe participation in our program:

Name of parent/guardian signing _____

Parent/Guardian must sign if the volunteer is under age 18

Signature

Date

Participant Release

Office: 610.644.1963 thorncroft.org

Volunteers 18 years and or older must have proof of a current/clear Pennsylvania Child Abuse History Clearance (this is a State Law) before they can attend Volunteer Training. Those doing service/school or community service hours, are responsible for keeping a copy of their hours when they leave, Thorncroft will not keep track of your hours.

Participant Name: _____ **Participant Date of Birth:** _____

If the participant is under 18, name of Parent(s), Guardian, Caregiver (please circle): _____

If you are married, the name of your spouse: _____

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

Cell Phone: _____ **Email:** _____

IN CASE OF EMERGENCY, PLEASE CONTACT Parent(s) Spouse/Partner Guardian/Caregiver

Name: _____ Phone: _____

LIABILITY RELEASE In consideration of accepting _____ (participant's name) in the volunteer program, I understand that horses are unpredictable by nature and I voluntarily assume the risks and dangers involved. I hereby, intending to be legally bound, for myself, my heirs, executors or administrators, waive and release all claims for damages I may have against Thorncroft Equestrian Center/Thorncroft Therapeutic Horseback Riding, Inc., its Owners, Instructors, Volunteers, Aids and or Employees for any and all injuries and or loses. A non-employee is not covered by Thorncroft's worker's compensation policy. Thorncroft is not responsible for any personal items ie: bags, cell phones, etc.

Initials: _____

PHOTO/SOCIAL MEDIA RELEASE: The above-named participant hereby "Authorizes _____" / "Does not authorize _____" the use and reproduction by Thorncroft Therapeutic Horseback Riding, Inc. of any and all photographs taken for promotional and or printed materials.

Initials: _____

CONFIDENTIALITY POLICY: All information including but not limited to, personal, medical, and financial documents are confidential among all participants, volunteers, and staff. Confidentiality is considered one of our most basic responsibilities.

Initials: _____

MEDICAL RELEASE The above participant hereby (check one) "Consents _____", "Does not consent _____" to any medical, dental, or surgical treatment or procedure of an emergency nature that is reasonably necessary to save the life of the person named above or to restore the person to health. I understand that should medical emergency treatment be required, the current insurance information listed here will be provided to the attending clinic or hospital to cover future payment of incurred bills.

Initials: _____

INSURANCE: The above-named participant carries accident/medical insurance: Yes No

Name of Insurance Co. _____ Policy #: _____

Initials: _____

Signature: _____ Date: _____

(Signature of participant, parent, caregiver, or guardian)

BASIC RULES FOR VOLUNTEERS

Attendance Protocol:

- Call the Main office at 610-644-1963, post directly on the Band app, or email volunteer@thorncroft.org when you are *unable to attend* a scheduled day and time – especially if your situation changes at the last minute
- Add any *schedule changes or conflicts* to the “Volunteer Time Off” calendar which would affect the participant’s attendance
- Thorncroft has designated business hours and I cannot be at the farm outside of those hours without a specific invitation

Volunteers agree to:

- Not bring dogs or pets on the premises at any time. Exceptions will only be made for task-trained service dogs
- Use appropriate voices and avoid sudden movements, particularly near the horses
- Not feed any animals unless given explicit permission from a Thorncroft Staff member
- *Prior* to the mounted and/or unmounted activities, inform the staff of any changes in the participant’s medical condition which may influence activities on the farm
- *Prior* to the mounted and/or unmounted activities, inform the staff of any experiences which would affect your safety or functions while at Thorncroft
- Photographs or video - Ask permission from the instructor, especially when using lights or a flash
- NO SMOKING - Volunteers abide by Thorncroft’s strict policy which includes Vape and other devices

GENERAL CONDUCT POLICY

All volunteers are expected to behave in a way that is safe, healthy, and conducive to a high-quality learning environment. Some examples of inappropriate conduct would include but are not limited to...

- Causing physical injury to another person.
- Making threatening remarks.
- Displaying aggressive or hostile behavior that creates a reasonable fear of injury to another person or subjects another individual to emotional distress.
- Intentionally damaging employer property or property of another employee.
- Committing acts motivated by, or related to, sexual harassment or domestic violence.

I acknowledge and agree to TEC’s Basic Rules for volunteers and that inappropriate conduct may serve as grounds for dismissal.

Signature _____ **Date** _____