Bright Horizons Therapeutic Riding Center
P.O. Box 565
Siletz, OR 97380
(541)961-4156
www.brighthorizonsriding.org

VOLUNTEER CARD

(Please print clearly)

Date:_____ Email address:_____

Name:_____ Date of birth:_____

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

Address:_____

City:_____ State: _____ Zip: _____ County:_____

Emergency
Contact:_____Phone:_____

Are you here for School Community Service?_____ School: _____

What is your Occupation:_____ Employer: _____

Does your company have a volunteer program, or match volunteer hours? Y N

Company name_____ Phone: (____)_____

Do you have any hobbies or special interest?
_____
(Second Language, Painting, Cooking, Sewing, Mechanics, Computers, Etc)

Where did you hear about
BHR?_____

What are the best times you are available?
_____

SKILLS/EXPERIENCE:

_____ Word Processing
_____ Fundraising
_____ Grant Writing
_____ Computers
_____ Construction
_____ Other (please describe)

I AM INTERESTED IN THE FOLLOWING AREAS:

_____In Class, Assisting Riders and Horses
_____Office Assistance
_____Special Events (Horse Show, Auction)
_____Horse & Equipment Care
_____Board/Committee Member
_____Public Relations

OTHER WAYS YOU CAN ASSIST BRIGHT HORIZONS:

_____Construction
_____Office Assistant

Class Volunteer Questionnaire

Your answers to the following questions will help us to place you in an appropriate class, recognize a potential match for additional volunteer activities, and identify possible supplementary training opportunities. Thank you for your time!

Inspiration

Please describe why you would like to volunteer at BHR, including what you hope to get out of your experience as a volunteer.

_____

_____

_____

_____

_____

_____

Horsiness (Note: Horsiness is not a requirement for volunteering at Bright Horizons!)

Have you ever owned or leased a horse? **Yes** or **No**

Have you had horseback riding lessons?

English? **Yes** or **No** If Yes, how many years?

Western? **Yes** or **No** If Yes, how many years?

Do you have any fears dealing with Horses? **Yes** or **No** (if yes, please describe)

_____

Have you participated in horseback riding competitions? Yes or No

How would you rate your ground handling skills?
(Please rate on a scale of 1 to 5, 1 being least confident and 5 most confident)

Grooming	1	2	3	4	5
Leading	1	2	3	4	5
Lunging	1	2	3	4	5
Bathing	1	2	3	4	5
Tacking	1	2	3	4	5

Do you have experience with therapeutic horseback riding? **Yes** or **No**

If yes, in what capacity, where and for how long?

_____

_____

Health Department

What is your height? _____

Do you have any physical limitations that would prevent you from doing any of the following?

Yes or **No** Lift up to 20 pounds above your head (saddle)
Yes or **No** Walk for an hour on uneven surfaces, **recent back, knee or ankle injuries?**
Yes or **No** Jog for several minutes (to keep up with a trotting horse)
Yes or **No** Hold your arm raised and out to the side for up to an hour at a time (to support a rider as a sidewalker)

If you responded Yes to any of the above, please explain below.

Do you have any allergies (horses, hay, pollen, cottonwood, etc.)?

Do you have any phobias (e.g. dogs, bees, blood, etc.)? **Yes** or **No** If Yes, please explain.

Social Studies

Would you be comfortable touching, i.e. physically supporting, riders during mounting, riding or dismounting? **Yes** or **No**

Do you have any experience dealing with persons with disabilities? **Yes** or **No**

If No, do you have any reservations about working with people who may not have complete control over their verbalizations or bodies (e.g. drooling, shouting, involuntary hitting, etc.)? **Yes** or **No**

If Yes, please describe.

Would you be comfortable asking questions and letting the Instructor or Volunteer Coordinator know how you are doing and if you have any concerns? (We need you and want you to be as happy as possible. Communication is the key!) **Yes** or **No**

Are you comfortable dealing with change and uncertainty? (For example, due to the very nature of our mission, there may be changes in tack or horses from week to week, riders may cancel due to health issues, instructors may re-assign leader/sidewalker roles depending on rider needs, etc.) **Yes** or **No**

Your Comments/Questions

EMERGENCY MEDICAL TREATMENT/VOLUNTEER CONSENT

NAME (please print):_____

PARENT OR GUARDIAN (if under 18):_____

WHO TO CONTACT IN CASE OF
EMERGENCY:_____

CONTACT PHONE
_____/_____
Home Work or Cell

Person who is authorized to give temporary assistance or care in the absence of parent or guardian
(for those who rely on an aide to assist them):

NAME:_____ PHONE:_____

Please describe any medical condition requiring special precautions or treatment and any medications and dosage (Insulin, Allergies) :

_____

_____

In the event of a medical emergency, the undersigned authorizes Bright Horizons Therapeutic Riding Center and their designated agent to authorize such medical assistance as they determine to be necessary.

The undersigned authorizes any licensed physician and/or medical facility to provide any medical/surgical care and/or hospitalization, including anesthetic, which they determine necessary or advisable, pending receipt of a specific consent from the undersigned.

EMERGENCY MEDICAL TREATMENT: CONSENT YES_____ **NO**_____
Initial initial

SIGNATURE (IF OVER 18):_____

PARENT SIGNATURE (IF UNDER 18):_____

PARENT NAME PRINTED (IF UNDER 18):

_____

VOLUNTEER CONSENT FORM

NAME (print):_______________________________ PHONE:______________________________

♦♦

PHOTO RELEASE

PLEASE CHECK ONE: ____ **I DO** or ____ **I DO NOT** consent to and authorize the use and reproduction by Bright Horizons Therapeutic Riding Center of any and all photographs and any other audio/visual materials taken of me/my child for promotional material, educational activities, exhibits, social media or for any other use for benefit of the program.

With respect to the foregoing matters, no inducements or promises have been made to me/us to secure my/our signature(s) to this release other than the intention of Bright Horizons Therapeutic Riding Center and its work.

Print Volunteer Name____

Print Parent /Guardian Name

(If Applicable)____

Address ____

City ____________________________________State_________ Zip Code_________

Volunteer/Parent/Guardian Signature: _____________________________________

DATE ______________

♦♦

STATEMENT OF CONFIDENTIALITY

I understand that at Bright Horizons Therapeutic Riding Center, there is certain information that is available to me but is considered confidential. It is to be used only for facilitating the goals and objectives of the individual rider, according to the direction of the instructor or therapist. In consideration of the right to privacy of the students and their families, I understand the need to use appropriate discretion in written comments and in related conversations with volunteers, staff, family, or the general public. Any breach of this confidentiality will prove reason for my dismissal. I _________________________ have read and understand the above statement of confidentiality and agree to abide by these terms and conditions.

Volunteer's Signature:__________________________________ Date:________________________

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LIABILITY RELEASE AND HOLD HARMLESS

I, a volunteer, wish to participate in **Bright Horizons Therapeutic Riding Center** at **Walker Farms** located in Logsden, OR. I understand this may be a high risk activity and I am participating at my own risk. I, individually, and/or parent or guardian of a volunteer, hereby release and hold harmless Bright Horizons Therapeutic Riding Center and Walker Farms, and all members of the organization, employees, officers, and agents from all liability for accidents, damage, death, injury or illness to me and horse owners, riders and attendants suffered during or in connection with my volunteer work with Bright Horizonss Therapeutic Riding Center at Walker Farms.

I have completed the volunteer orientation and understand that classes depend upon my being there. Should I not be able to make class, I agree to call at least 24 hours in advance so a substitute can be arranged. I also understand that **Bright Horizons Therapeutic Riding Center** and **Walker Farms** is not responsible for accident or injury to myself, or any lost or stolen property. **Bright Horizons Therapeutic Riding Center** and **Walker Farms** reserves the right to ask or remove me from a particular class and utilizes me elsewhere where help is most needed.

Volunteer's Signature:_____ Date:_____

Signature:_____ Date:_____
(Signature of parent/guardian (if under 18)

VOLUNTEER CONDUCT PLEDGE

Volunteers in the Bright Horizons program are vitally important and highly valued. You will have opportunities to meet families of riders you work with, as well as helping in special events. We welcome you to our program and will give you the necessary training needed to assist our riders, care for the horses, and become capable representatives of the BHR mission. The following guidelines outline what behavior is expected while performing as a BHR Volunteer.

Volunteers must:

- Complete an application and liability release before working with horses and/or riders.
- Attend a volunteer training session.
- Be at least 14 years of age, or obtain special permission from BHR staff and parental consent.
- Remain committed throughout the quarter you signed up for, and to call ahead when you are unable to make it to your class.
- Not possess, use, or be under the influence of alcohol and/or illegal drugs while in any BHR class or volunteering at any BHR event, meeting, or activity.
- Not use obscene or discriminatory language in any BHR class, event, meeting, or activity.
- Dress conservatively and appropriately at all times when on BHR premises as while volunteering for a BHR event.
- Handle BHR horses as you are trained at Bright Horizon, which includes to never strike, hit, slap, jerk, or discipline the program horses in any manner.
- Report the mistreatment of the horses to BHR staff immediately.
- Respect individual confidentiality, rights, safety, and property of others whether they are staff, riders, or fellow volunteers.
- Not discriminate in any practices on the basis of race, religion, color, national origin, political association, sexual orientation, age, mental condition or disability.
- Always inform the Program Director if there is a change of address, phone number or emergency contact.
- Inform staff immediately if you have an injury or condition that would compromise safety to yourself, the rider, or others during your scheduled volunteer time.
- Turn off cell phones to avoid being distracted while with a rider or working in the barn.
- Follow established processes to report horse behaviors which are out of the norm to your instructor or therapist before you leave the Bright Horizon property for the day.

Volunteer's Signature:_____ Date:_____

Signature:_____ Date:_____
(Signature of parent/guardian/Caregiver (if under 18))

Background Check

The undersigned applicant acknowledges that Oregon law requires employees and volunteers who have regularly scheduled unsupervised access to children under the age of 16 years, developmentally disabled persons, or vulnerable adults, to provide the following statement and the subject to background checks concerning adjudication of certain civil and criminal matters identified in RCW 43.43.8340 – Background Checks – Access to Children or Vulnerable Persons – Definitions. I acknowledge notice that Bright Horizons Therapeutic Riding Center may conduct an inquiry of me as permitted by statute.

Also, as required by statute, I am disclosing the extent to which there has been a civil adjudication or criminal conviction regarding the following matters:

Applicant of Inquiry (please provide as much information as possible: name and date of birth are mandatory)

(please print full name clearly)

Applicant's Name
(Last)_____(first)_____(middle)_____

Alias/Maiden Names(s):_____
_____

Date of Birth: (month/day/year)_____ Sex:_____
Race:)_____

1. Convicted of any crime against children or other persons: _____**Have Not** _____**Have Been**
   Explanation:_____

2. Convicted of crimes relating to financial exploitation of a vulnerable adult:
   ___**Have Not** _____**Have Been**
   Explanation:_____

3. Found to have sexually assaulted, exploited or physically abused a minor in a dependency action under RCW 13.34.040: _____**Have Not** _____**Have Been**
   Explanation:_____

4. Found to have sexually assaulted, exploited or physically abused a minor in a domestic relations proceedings, Title 26 RCW: _____**Have Not** _____**Have Been**
   Explanation:_____

5. Found in any disciplinary board final decision to have sexually abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult:
   _____**Have Not**_____**Have Been**
   Explanation:_____

6. Found in a court in a protection proceeding under Chapter 74.34 RCW to have abused or financially exploited a vulnerable adult: _____**Have Not** _____**Have Been**

   Explanation:_____

I UNDERSTAND **BRIGHT HORIZONS THERAPEUTIC RIDING CENTER** MAY INSTITUTE AN OREGON STATE PHYSICAL AND CRIMINAL BACKGROUND CHECK AND RESERVES THE RIGHT TO TERMINATE MY VOLUNTEER SERVICE.

SIGNATURE OF VOLUNTEER:_____DATE:_____

SIGNATURE OF PARENT/GUARDIAN (IF UNDER 18)_____