



BEAT Riding Center
41919 NW Wilkesboro Rd
Banks, Or 97106
(503)-324-3071 Fax (503-324-3020)

Volunteer Responsibilities Description

Position Title: Lesson Volunteer
Reports To: Volunteer Coordinator

Responsibilities:

Lesson volunteers work under the direct oversight of a Bradley's Equine Assisted Therapeutic Riding (BEAT) Instructor. Responsibilities include arriving 30 minutes prior to class start time; catching, grooming and tacking horses for scheduled lesson; dressing safely and appropriately; informing BEAT in a timely fashion of absences; following all agency policies and procedures; communicating questions, grievances, feedback, or concerns to an Instructor or Volunteer Coordinator; following safety rules and regulations.

Eligibility:

This position is physically demanding and requires the ability to walk 45+ minutes in a sand arena and jog for short distances.

You may be asked to assist riders weighing up to 200 lbs.

Willingness to be outdoors in many weather extremes.

Have the ability to follow direction from a direct supervisor in a fast paced environment

Must commit to a full riding session or make suitable and timely arrangements otherwise.

Must Attend volunteer training and read volunteer manual.

Must be 14 years of age or older or 12 with significant horse experience.

Must submit a fully complete application along with all required forms

Duties:

Lesson Volunteer (general):

Catch groom and tack horse for lesson

Promote rider independence and success

Alert the instructor of any safety or health concerns

Assist instructor in maintaining a safe environment and assist in an emergency

Side Walker (in addition to above):

Assist instructor during mounting and dismounting

Communicate with rider when appropriate including verbal and non-verbal prompts

Provide physical assistance and stabilization to the rider when directed or necessary

Remains focused on assisting the rider

Horse Leader (in addition to above):

Responsible for leading horse, walking alongside horse without a lead, or may be stationed in the arena for spotting.

Focus remains on working with the horse

Communicate with instructor regarding any horse related questions or concerns.



Volunteer Application

All new volunteers will be considered probationary for six months. During this time, they will be monitored by an instructor or Training Team member to ensure safety. If the candidate exhibits any physical limitations or behavior traits which may be of concern, or shows any disregard for BEAT's program, horses, staff, or riders, the candidate will not participate as a lesson volunteer. If you are unable to perform any of the duties listed above the Volunteer Coordinator will meet with you to discuss other options. If you do not agree with any decisions made, you are encouraged to contact the Executive Director.

I understand my work for Bradley's Equine Assisted Therapy (BEAT) is being provided in a volunteer capacity and I will not receive any compensation or any other benefits in connection with the volunteer position.

Signed: _____ **Date** _____

Name (Printed) _____

Thank you for your interest in volunteering with Bradley's Equine Assisted Therapeutic Riding Center (BEAT)! Please complete the following questionnaire in full along with the attached Volunteer's Consent & Release Form, Volunteer Job Description and Confidentiality Policy. Do not leave any questions blank.

Please Note: BEAT cannot accept applicants into volunteer programs who have been arrested for, or convicted of, crimes against persons and/or animals. You may be subject to a background check as part of this application process.



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Confidentiality Policy

The Bradley's Equine Assisted Therapeutic Riding Center (BEAT) recognizes the right of participants/riders and their families to have privacy and control over any information that might be personal or sensitive. In order to respect that right, BEAT has adopted the following policy regarding confidentiality.

Those bound by the directives of this policy are ALL persons in any way connected with BEAT, including but not limited to: full and part-time staff, volunteers, board members, temporary employees, independent contractors, and instructor workshop/training/certification participants. Any person violating these policies will be subject to penalties ranging from reprimand to alteration of job responsibilities to termination to legal action.

Information considered to be confidential includes all medical, familial, social, referral, personal, and financial concerns regarding a participant and/or his/her family. Such information is considered confidential regardless of how it is obtained, whether directly from the participant or family, BEAT staff, volunteers or others association with BEAT, or inadvertently from other sources, such as but not limited to a chart, computer screen or overheard conversation.

You may share your experiences with those outside of BEAT Riding Center. However be cautious in the use of a participants/riders or their families name or identifying information without their consent.

Consent to disclose information to outside individuals or agencies, including photographs and videotapes, should be obtained in writing from the proper legal representative. Adults age 18 and over with developmental disabilities are presumed to be competent to give consent unless they have specifically been found incompetent in a court of law. In such case, a substitute decision-maker would be assigned, and any consent must be obtained from that decision-maker.

I have read and understand the BEAT confidentiality policy as described above and agree to observe its principles.

Signature: _____ Date: _____

Name (print): _____

Signature of parent or guardian if under 18 years: _____

Do you have training or experience working with people with disabilities? Yes No
Please describe briefly:

Are you able to walk for 45 minutes and jog short distances? Yes No

Given a chance to change sides, are you able to hold your arm above shoulder height and support a rider's weight?
 Yes No

Do you have any health issues or physical limitations that we should be aware of? Yes No
Please describe briefly:

Have you ever been arrested for, or convicted of, a crime against a person or animal? Yes No

Have you ever been listed on a registry for child abuse? Yes No

Please provide a minimum of one reason you are interested in volunteering for BEAT:

Please indicate other interests or skills:

Special events Fundraising Marketing General office/mailings
 Horse care Schooling horses Computers Other _____

Applicant Signature: _____ Date: _____

*Parent/Guardian Signature _____ Date: _____
(*required if applicant is under 18)



Office use only:

Job description Application Medical Consent Liability & Photo release Confidentiality

Training date mm/dd/yy _____ 1:1 group training

Comments

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Banks, Oregon 97106

Release of Liability

Witness this agreement this _____ day of _____, _____ by and between **Bradley's Equine Assisted Therapeutic Riding Center, Inc. (BEAT)**, hereinafter referred as **MANAGER** and _____, hereinafter referred to as **RIDER or Guardian of Rider**. For the consideration received, and in return for the use, today and on all future dates of the _____ property, facilities and service of **MANAGER**, **RIDER**, **Rider's** heirs, assigns, and representatives hereby agree as follow:

1. **Inherent Risks and Assumption of Risk.** The undersigned acknowledges there are inherent risks associated with equine activities such as described below and hereby expressly assumes all risks associated with participating in such activities. The inherent risks include, but are not limited to the propensity of equines to behave in ways such as, running, bucking, biting, kicking, shying, stumbling, rearing, falling or stepping on, that may result in any injury, harm or death to persons on or around them; the unpredictability of equine reaction to such things as sounds, sudden movement and unfamiliar objects, persons or other animals; certain hazards such as surface and sub surface conditions; collisions with other animals; the limited availability of emergency medical care; and the potential of a participant to act in a negligent manner that may contribute to injury to the participant or other, such as failing to maintain control over the animal or not acting with the participant's ability. **RIDER or GUARDIAN** acknowledges that horses by their very nature are unpredictable and subject to animal whim. **RIDER and GUARDIAN** assumes all risks in connection therewith, and expressly waives any claims for any injury or loss arising therefore. **RIDER** agrees to abide by and follow **MANAGER'S** rules and regulations, which shall be posted and/or available from time to time. **RIDER** further acknowledges that the behavior of any animal is contingent to some extent upon the ability of the **RIDER**. **Rider** assumes all risks therefore and warrants a full and fair disclosure of **RIDER'S** abilities has been made to the **MANAGER**.
2. **RIDER and GUARDIAN** agrees to hold harmless indemnify and defend **MANAGER** against, and hold harmless from any and all claims, demands, causes of action, damages, judgments, orders, costs or expenses, including attorney's fees, whether actually incurred or not, which may in any way arise from or be in any way connected with **RIDER'S** use of or presence upon the property of **MANAGER** and the facilities located thereon.
3. In the event **RIDER** is using **RIDER'S** own horse, or a horse(s) not owned by the **MANAGER**, **RIDER** warrants said horse(s) shall be free from infection, contagious or transmittable diseases. **MANAGER** reserves the right to refuse access or use of any horse upon the premises that do not appear to **MANAGER** to be in good health, or is deemed dangerous or undesirable. (Stallions are not covered under the inherent risk law. So are not allowed on these premises.)
4. **RIDER or Guardian of Rider** agrees to wave the protection of any applicable statutes in this jurisdiction whose purpose, substance and/or effect is to provide that a general release shall not extend to claims, material or other wise which the person giving that release does not know or suspect to exist at the time of executing said release.

MANAGER

Date

RIDER OR Guardian of Rider

Date



Instructor: _____

Date: _____

Authorization for Emergency Medical Treatment Form

Participant

Volunteer

Staff

In the event emergency medical aid/treatment is required due to illness to injury during the process of receiving services, or while being on the property of the agency, I authorize B.E.A.T. Riding Center 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.

Client's Name: _____ Phone: _____

Address: _____ City, State, Zip: _____

Emergency Contact: _____ Phone: _____

Alternate Contact: _____ Phone: _____

Physician's Name: _____ Phone: _____

Allergies to medications: _____

Health Insurance Co.: _____ Policy#: _____

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 below is unable to be reached.

Date: _____ Consent Signature: _____

Client, Parent or Guardian

Print Name: _____ Phone: _____

Address: _____ City, State, Zip: _____

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.

*** If non-consent plan signed, parent or legal guardian will remain on site at all times during equine assisted activities**

Date: _____ Non-Consent Signature: _____

Client, Parent, Guardian

Print Name: _____ Phone: _____

Address: _____

City, State, Zip: _____

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Phone: **503-324-3071** Fax; 503-324-3020 E-Mail: **Beatriding@aol.com** Website; Beatriding.org



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Participant's Application and Health History

(to be completed by participant or parent/legal guardian)

General Information

Participant Name: _____
 DOB: _____ Age: _____ Height _____ Weight _____ Gender M F
 Address: _____
 Phone: _____ E-mail: _____ Alternate _____
 Employer/School: _____
 Address: _____
 Phone: _____
 Parent/Legal Guardian/Caregivers: _____
 Address (if different from above): _____
 Phone: _____
 Referral Source: _____
 Phone: _____
 How did you hear about the program? _____

Health History

Diagnosis: _____ Date of Onset _____

Please indicate current or past special needs in the following area:

AREA	YES	NO	COMMENTS
Vision			
Hearing			
Sensation			
Communication			
Heart			
Circulation			
Breathing			
Digestion			
Elimination			
Emotional/Mental Health			
Behavioral			
Pain			
Bone/Joint			
Muscular			
Thinking/Cognition			
Allergies			



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Participant's Application and Health History (cont'd)

Medications (include prescription, over-the-counter, name, dose and frequency):

Describe your abilities/difficulties in the following areas (include assistance required or equipment needed):

Physical Function (i.e. Mobility skills such as transfer, walking, wheelchair use, driving/bus riding):

Psycho/social Function (i.e. Work/school including grade completed, leisure interests, relationships-family structure, support systems, companion animals, fears/concerns etc.)

Goals (i.e. Why are you applying for participation? What would you like to accomplish?)

Signature _____ **Date:** _____

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**Photo Release:** I ( ) DO or ( ) DO NOT (check one)

**Consent to and authorize the use and reproduction by BEAT Riding Center, Inc. of any and all photographs and any other audiovisual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*(Participant, Parent or legal Guardian, signed in the presence of center staff)*