



**HOOFBEATS WITH HEART**  
**Equine Assisted Activities & Therapy Center**

Mail to: P.O. Box 2098      Physical Address: 43491 N. Coyote Rd.  
 Higley, AZ 85236      San Tan Valley, AZ 85140  
 www.hoofbeatswithheart.org

*"Wherever there is a human being, there is an opportunity for kindness."  
 ~ Seneca*

**2010/2011 VOLUNTEER REGISTRATION FORM**  
**(Volunteers must be at least 14 years of age)**

(Please Print)

Student/Volunteer: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ School/Institution Attending: \_\_\_\_\_

May we include your phone number and email on a list to be distributed to all volunteers/HBwH staff to be used to contact each other for purposes of covering a class commitment? Yes [ ] No [ ]      Shirt Size: \_\_\_\_\_

How did you hear about Hoofbeats with Heart? \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_

How long have you been a volunteer with HBwH or another organization? \_\_\_\_\_

Have you completed the 2-hour orientation training? Yes [ ] No [ ]

Have you ever been charged with or convicted of a crime? Yes [ ] No [ ] If yes, please explain: \_\_\_\_\_

**PLEASE CHECK ALL AREAS IN WHICH YOU CAN ASSIST**

<p><b>Administrative</b></p> <input type="checkbox"/> Office/Computer work/Scheduling/Filing <input type="checkbox"/> Special Event(s) Planning <input type="checkbox"/> Fundraising Participation <input type="checkbox"/> Newsletter Articles/Development <input type="checkbox"/> Marketing & Public Relations <input type="checkbox"/> Volunteer Recruitment <input type="checkbox"/> Photography/Videography	<p><b>Facility</b></p> <input type="checkbox"/> Grounds/Facility Maintenance in accordance with NARHA Standards	<p><b>Equine</b></p> <input type="checkbox"/> Horse Care (grooming, exercise, etc.) <input type="checkbox"/> Tack Care & Maintenance <input type="checkbox"/> Be a Buddy in our Horse Buddy Program <input type="checkbox"/> Stable & Barn Maintenance
<p><b>Program Volunteer (in classes)</b></p> <input type="checkbox"/> Horse Leader <input type="checkbox"/> Coach <input type="checkbox"/> Sidewalker		

Please list any special talents or skills you have that you are willing to volunteer time doing at Hoofbeats with Heart: \_\_\_\_\_

I, the undersigned, wish to volunteer at Hoofbeats with Heart ~ Equine Assisted Activities and Therapy Center in the capacities I have indicated above. I know of no reason why I should not participate or volunteer in activities, equine or otherwise, associated with Hoofbeats with Heart. I understand that although I am volunteering my time, if I choose to volunteer for lessons (horse leader, coach or sidewalker), I will be expected to arrive at minimum 30 minutes if horse leading and 15 minutes if coaching/side walking with a student/rider before class scheduled time. I also understand that if I am unable to attend a class I have committed to, I will make every attempt to find a replacement for that class and if unsuccessful, will contact the staff at Hoofbeats with Heart. I will be responsible for my safety, thus adding to the safety of the group.

Signature of Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

(If volunteer is under 18, Parent/Guardian must sign)



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*"We make a living by what we get, but we make a life by what we give."  
 ~Winston Churchill*

**2010/2011 VOLUNTEER SCHEDULE**

(Please Print)

Student/Volunteer: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

I am interested in volunteering for classes in the 2010/2011 season (Please list times you are available for each day checked):

**(You will be notified when lessons begin)**

<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday

You will be notified by telephone or email of the time(s) you are scheduled to volunteer. If your availability should change prior to the start of the session, please notify the office ASAP so we can schedule a replacement. Please remember your commitment is very important to every client we serve! (Each session is 6 or 8 weeks in length).

Signature of Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(If volunteer is under 18, Parent/Guardian must sign)

**Emergency Contact Information**

Name (1<sup>st</sup>): \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Name (2<sup>nd</sup>): \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Photo Release**

I hereby consent to and authorize the use and reproduction by Hoofbeats with Heart ~ Equine Assisted Activities and Therapy Center of any and all photographs and any other audio/visual materials taken of me/my son/my daughter/my ward for promotional printed material, internet web site, and educational activities or for any other use for the benefit of the program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(If volunteer is under 18, Parent/Guardian must sign)

**Release for Background Information**

I, the undersigned, authorize Hoofbeats with Heart ~ Equine Assisted Activities and Therapy Center. to receive information from any law enforcement agency, including police and sheriff departments of the state or any other state or federal government, to the extent permitted by state and federal law, pertaining to any convictions I may have had for violations of state or federal criminal laws, including but not limited to convictions for crimes committed upon children. I understand that such access is for the purpose of considering my application as a volunteer and that I expressly DO NOT authorize the operating center, its directors, officers, employees or other volunteers to disseminate this information in any way to any other individual, group, agency, organization or corporation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(If volunteer is under 18, Parent/Guardian must sign)

Current Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

**Privacy Statement**

At Hoofbeats with Heart, we take your privacy very seriously. All information provided to us is held in the strictest confidence and security. We will never trade, sell or rent your personal information to anyone under any circumstance! Your personal information, such as your address and email, will only be used by Hoofbeats with Heart for event, volunteer, program, etc. announcements.



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YEAR: 2010    2011

**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, volunteering or while on the property of the agency, I authorize Hoofbeats with Heart ~ Equine Assisted Activities and Therapy 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.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Consent Plan**

This authorization includes X-rays, 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: \_\_\_\_\_  
(If volunteer is under 18, Parent/Guardian must sign)

Print Name: \_\_\_\_\_

**Emergency Contact Information**

Name (1<sup>st</sup>): \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name (2<sup>nd</sup>): \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Medical Facility: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Allergies, Medical Conditions & Medications (please list any pertinent medical issues, special situations, seizure activity, etc.): \_\_\_\_\_

**Non-Consent Plan**

I DO NOT give my permission for emergency medical aid/treatment if required due to illness or injury during the process of receiving services, volunteering or while on the property of the agency. In the event emergency aid/treatment is required, I wish the following procedures to take place:

\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Non-Consent Signature: \_\_\_\_\_  
(If volunteer is under 18, Parent/Guardian must sign)

Print Name: \_\_\_\_\_



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**LIABILITY RELEASE AND HOLD HARMLESS AGREEMENT**

**PLEASE READ CAREFULLY BEFORE SIGNING**

**SERIOUS INJURY MAY RESULT FROM YOUR PARTICIPATION IN THIS ACTIVITY.**

**A. REGISTRATION OF VOLUNTEER AND AGREEMENT PURPOSE AND CONSIDERATION** - In consideration of my enrollment in the Hoofbeats with Heart ~ Equine Assisted Activities and Therapies program and the signing of this agreement, I, the following listed individual and the parents or legal guardians thereof if a minor, do hereby voluntarily request and agree to participate in activities and events at THIS STABLE. This agreement shall be legally binding upon the PARTICIPANT and the parents or legal guardians thereof if a minor, my heirs, estate, assigns, including minor children and personal representatives. It shall be interpreted according to the laws of the state and county of THIS STABLE'S physical location. Any disputes by the rider shall be litigated in and venue shall be in the county in which THIS STABLE is located.

**B. INFORMATION ABOUT VOLUNTEER:**

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

**C. DEFINITIONS** – The term "THIS STABLE" shall herein refer to Hoofbeats with Heart ~ Equine Assisted Activities and Therapies, its Board of Directors, Instructors, volunteers and employees. The term "HORSEBACK RIDING" or "RIDING" shall herein refer to riding or otherwise handling of horses whether from the ground or mounted. The term "HORSE" shall herein refer to all equine species. The terms "PARTICIPANT" and/or "STUDENT/RIDER" and/or "VOLUNTEER" shall herein refer to a person who rides a horse mounted or otherwise handles or comes near a horse from the ground. The terms "I", "Me", "My", "Participant", and "Rider" shall herein refer to the above registered rider and the parents or legal guardians thereof if a minor.

**D. ACTIVITY RISK CLASSIFICATION, INHERENT RISKS AND NATURE OF THE HORSE WARNING** -

Horseback riding is classified as a RUGGED ADVENTURE RECREATIONAL SPORT ACTIVITY. There are numerous obvious and non-obvious inherent risks always present in such activity despite all safety precautions. According to NEISS (National Electronic Injury Surveillance Systems of United States Consumer Products) horse activities rank approximately 64th among the activities of people relative to injuries that result in a stay at U.S. hospitals. Related injuries can be severe requiring more hospital days and resulting in more lasting residual effects than injuries in other activities. **NO HORSE IS A COMPLETELY SAFE HORSE.** Horses are 5 to 15 times larger, 20 to 40 times more powerful and 3 to 4 times faster than a human is. If a rider falls from a horse to the ground it will generally be at a distance of from 3 1/2 to 5 1/2 feet and the impact may result in injury or death to the rider. Horseback riding is the only sport where one much smaller, weaker predator animal, the human, tries to control and become one unit of movement with another much larger, stronger prey animal, the horse, with each having a limited understanding of the other. If a horse is frightened or provoked it may divert from its training and act according to its natural survival instincts which may include but are not limited to: stopping short; changing directions or speed at will; shifting its weight from side to side, bucking, rearing, biting, kicking or running from perceived danger.

**E. VOLUNTEER ACCEPTANCE OF RESPONSIBILITY - PARTICIPANT AGREES** that he/she has in some way satisfied himself that the condition of the premises and the facilities will provide an adequate and reasonable level of safety for PARTICIPANT. THIS STABLE is not responsible for any property damage, injury or loss of life incurred by or as a result of any horse(s) on this premises to PARTICIPANT. **PARTICIPANT IS AWARE IF THE RISKS AND DANGERS OF THIS ACTIVITY AND AGREES TO ACCEPT RESPONSIBILITY FOR ANY AND ALL INCIDENTS OCCURRING DURING THIS ACTIVITY.**

F. **CONDITIONS OF NATURE** - THIS STABLE is not responsible for total or partial acts, occurrences, or elements of nature that can scare a horse, cause it to fall or react in some other unsafe way. *SOME EXAMPLES ARE:* Thunder, lightening, rain and wind. Wild and domestic animals, insects, reptiles which may walk, run, fly near, bite or sting a horse or person; and irregular footing on indoor and out of door groomed or wild land which is subject to constant change in condition according to weather, temperature and natural or man-made changes in landscape.

G. **ACCIDENTAL/MEDICAL INSURANCE** - Should emergency medical treatment be required, I and/or my own medical insurance company shall pay all such incurred expenses. My accidental/medical insurance company is: \_\_\_\_\_ My policy # \_\_\_\_\_

H. **RIDING HELMET WARNING** – RIDER/VOLUNTEER is hereby warned and informed by THIS STABLE that all horse handlers and riders should wear a properly fitted and secured protective EQUESTRIAN riding helmet that meets ASTM standards. Such helmets are available at THIS STABLE; however, THIS STABLE recommends the PARTICIPANT purchase their own helmet to receive the benefit of a custom fit. Wearing such headgear while mounting, riding, dismounting, and being around horses may prevent death or reduce the severity of head injuries resulting from a fall or other incident involving a horse. THIS STABLE abides by the NARHA Helmet Standards and requires children under the age of 14 to wear an ASTM approved EQUESTRIAN helmet when mounted at all times.

I. **LIABILITY RELEASE** - In consideration of THIS STABLE allowing my participation in this activity, under the terms set forth herein, I, the PARTICIPANT and the parent or guardian thereof if a minor, do agree to hold harmless and release THIS STABLE, its Board of Directors, instructors, agents, volunteers, employees, officers, members, affiliated organizations and insurers from legal liability due to THIS STABLE'S ordinary negligence. I do further agree that except in the event of THIS STABLE'S gross and willful negligence, I shall bring no claims, demands, actions, causes of action and/or litigation against THIS STABLE and its associates as stated above in this clause, for any economic and non-economic losses due to bodily injury, death, property damage, sustained by me and/or my minor child or legal ward in relation to the premises and operations of THIS STABLE. This Includes while riding, handling, or otherwise being near horses owned by or in the care, custody and control of THIS STABLE or on the property of THIS STABLE for any reasons.

J. **BREACH OF CONTRACT**- Should either party breach this contract, the breaching party shall pay for the other's court costs and attorney fees related to such breach.

**ALL VOLUNTEER, RIDERS, PARENTS, LEGAL GUARDIANS OR AUTHORIZED AGENTS FOR SUCH PARTIES MUST SIGN BELOW AFTER READING THIS ENTIRE DOCUMENT.**

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### STATEMENT OF AWARENESS AND CONFIDENTIALITY

**I/WE the undersigned, have read and do understand the foregoing agreement, warnings, assumption of risk and release agreement. I/WE further attest that all stated facts are true and accurate.**

**Client/Volunteer/Parent/Guardian (Please Print):** \_\_\_\_\_

**Client/Volunteer/Parent/Guardian Signature:** \_\_\_\_\_  
(If volunteer is under 18, Parent/Guardian must sign)

#### State of Arizona

**Title 12. Courts and Civil Proceedings. Chapter 5. Limitations of Actions. Article 3. Personal Actions. § 12-553. Limited liability of equine owners and owners of equine facilities; exception; definitions.**

**Citation: AZ ST § 12-553**

**Citation: A. R. S. § 12-553**

**Summary:** This Arizona statute provides that an equine agent or owner is not liable for injury if the participant took control of the equine prior to injury, if a parent or guardian signed a release on behalf of a minor, if the owner or agent has properly installed suitable tack or the participant has personally tacked the equine, or the owner or agent assigns a suitable equine based on a reasonable interpretation of the person's representation of his or her skills, health and experience with and knowledge of equines. Liability is not limited, however, when an equine owner or agent is grossly negligent or commits willful, wanton or intentional acts or omissions.



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**DISMISSAL OF VOLUNTEERS AND GUESTS FROM CENTER ACTIVITIES**

Hoofbeats with Heart ~ Equine Assisted Activity and Therapy Center relies greatly on volunteers as important members of the team who provide services to and assist our clients. We also recognize the extreme importance of the safety and well-being of our clients, volunteers, staff, guests and animals.

All volunteers and guests (Guests = siblings, parents, other relatives, friends, HAB providers, counselors, etc.) are expected to follow Hoofbeats with Heart's (HBwH) rules and policies and may not engage in disruptive, unsafe or inappropriate behavior. In the event a volunteer or guest does not comply, **the following actions may be taken:**

**Level 1      Verbal Warning**

Breaking of HBwH's rules and/or policies and procedures may be followed by a verbal warning from the Equine Program Director, Executive Director or any Board Member and be documented in the incident report book.

**Level 2      Written Warning**

Breaking of HBwH's rules and/or policies and procedures for a second time will be followed by a Personnel/Staff meeting for discussion regarding the infraction. The purpose of the meeting is to determine the exact reason the infraction occurred for second time and discuss with the volunteer/guest how to avoid the circumstance ever occurring again. This meeting will be documented and placed in the incident report book.

**Level 3      Dismissal from organization**

Immediate dismissal from the property and organization will occur for:

- Endangering the safety of others
- Inappropriate use of the facilities, mailing lists or monies
- Disruptive or abusive behavior to the animals or individuals at HBwH
- Repeated disregard of the organizations rules, policies and procedures
- Possession of a weapon, illegal drugs or paraphernalia
- Being under the influence of alcohol or drugs

Please cut the bottom, signed portion and return with your registration forms. Keep the above for your reference and records.

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**DISMISSAL OF VOLUNTEERS AND GUESTS FROM CENTER ACTIVITIES**

I have read and understand the policies and program rules by which Hoofbeats with Heart ~ Equine Assisted Activities and Therapy Center, operates. By signing below, I indicate my willingness to abide by these rules and policies. I further understand that failure to comply with these policies and rules result in discharge from the program.

Volunteer Name (Please Print): \_\_\_\_\_ Date: \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian (Please Print): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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*"Kindness is the language which the deaf can hear and the blind can see."  
~Mark Twain*

### Welcome to Hoofbeats with Heart!

Thank you for serving as a volunteer! This program would not be possible without your assistance and service. The proceeding information along with the training sessions should answer many questions. However, always feel free to ask for clarification from the Instructor or any other staff member.

#### Some Facts

The movement of the horse helps promote three-dimensional movements of the human body improving balance and coordination, and increasing muscle strength and muscle tone. Therapeutic horseback riding also enhances physical, emotional, social and cognitive skills, and increases self-confidence. Clients benefit from the friendships developed with the horses, peers, and the volunteers that make this program possible.

Volunteering has a meaningful, positive impact on your community. But did you know that it can have many benefits for you too? Here are some reasons to volunteer:

1. Learn or develop a new skill
2. Be part of your community
3. Motivation and sense of achievement
4. Boost your career options
5. New interests and hobbies
6. New experiences
7. Meeting a diverse range of individuals
8. Send a signal to your employer, teachers, friends and family....

#### Parking

The parking area at Hoofbeats with Heart is limited. Volunteers and staff are asked to park to the South end of the facility parking lot just past the driveway or along N. Coyote Rd. to allow our clients better access to the arena.

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### NARHA Membership

You can take an active role and learn more about Therapeutic Riding or any other Equine Assisted Activity or Therapy (EAAT) by becoming a NARHA member. There are several types of memberships available, each with different benefits. Visit their website today: [www.narha.org](http://www.narha.org)

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### Incident Reports

The HBwH Equine Program Director and NARHA Certified Instructors are the HBwH staff that will determine the severity of any accident, and what course of action needs to be taken for an injured person(s). In the event of an accident, whether injury results or not, an Incident Report shall be filled out within 24 hours of the accident ~ this is mandatory and is a NARHA standard. Blank incident reports are kept in the office filing cabinet. Incident Reports will be kept on file for a minimum of three years following any such occurrence. Should you have any questions or concerns, please see a HBwH staff member.



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*"The smallest act of kindness is worth more than the grandest intention."*  
~Oscar Wilde

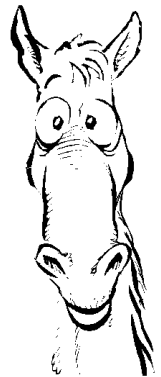
### When You Meet a Person with *Dis*Abilities

1. Relax and treat him/her like any other person.
2. Talk about the same things that you would with anyone who comes to ride.
3. Do not offer too much help. It will be requested by the Instructor, if needed.
4. Be patient. A *dis*abled person will set his/her own pace walking, talking and thinking.
5. Do not show pity or sentimentality. The *dis*abled person wants to be treated as an equal.
6. Do not expect less from a *dis*abled person. You may be surprised at how wrong you are at judging his/her interests and abilities.
7. Enjoy your friendship. Individuals with a *dis*ability often have a super abundance of good humor, wisdom, acceptance, courage, and ability.
8. Do not ask embarrassing questions. If a student would like to talk about his/her *dis*ability, he/she will bring it up.
9. Do not separate the *dis*abled person from his/her wheelchair or crutches unless he/she asks you to take them away: always revert back to the Instructor if you have questions.
10. Do not make up your mind about the person with a *dis*ability before getting to know him or her.

### Basic Horse Safety Rules

NOTE: All Horse Leaders will be required to take our specialized training and must be signed off prior to leading in a class.

1. Never approach a horse directly from the rear. Even in a stall, the horse should turn to face you.
2. Approach your horse at his shoulder, talking to him in a calm voice and demeanor. REMEMBER: Horses are creatures of REACTION (fight or flight); so always let the horse know where you are.
3. Horses may kick, bite, strike and/or bolt if startled. If this occurs, relax and remain calm, as that will help the horse.
4. REMEMBER horses cannot see your hand when you pat their noses and this may cause them to jerk their heads up (probably because they do not want to be patted there) so keep your head in a protected position when handling a horse.
5. Use a safe lead rope and both hands when leading. The excess lead should be folded (NEVER WRAPPED OR LOOPED around your hand), and held in the hand farthest from the horse.
6. Do not allow the lead or reins to drag on or near the ground.
7. If the horse rears, release the hand closest to the horse's head so that you will not be jerked off the ground.
8. Always lead the horse between the throatlatch and shoulder.
9. Do not pull down on the lead as this causes pressure on the horses' head and can make him irritable.
10. You weigh a lot less than any horse; you cannot "out pull" him.
11. If a horse pulls back, step with him rather than pull against him.
12. If the horse will not move, try turning his head away from you.
13. ALWAYS walk AROUND your horse, preferably in front UNLESS your horse is tied to the rail – be sure you have physical contact on the horse's rump so he knows you are there.
14. NEVER duck under or step over the lead.



15. ALWAYS tie your horse with a lead (NEVER the reins) at wither height to a strong pole.
16. If walking behind your horse, either walk BODY TO BODY with your hand on the horses rump, or at least 15 feet away.
17. When releasing a horse, always turn him to face you, stand at his side and pat him quietly before removing the halter.
18. Never yell and try to make the horse run from you. In turning, he may kick out or knock you down. Make sure that you have room to move away quickly if necessary.
19. Make sure that all gates and stall doors are always closed and secured. If it is open, close it.
20. Keep tack and equipment off the ground and in proper places. Do not leave things where people or horses could damage or be hurt by them.
21. When grooming and tacking, do it from the side with your back toward the horses' head.
22. NEVER squat, sit, or kneel near a horse.
23. THINK SAFETY! The student will be more likely to do as you do.

**ALWAYS ask the Instructor if you have ANY questions – they are there to help!**

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## **Hoofbeats with Heart Job Descriptions**

### **NARHA Certified Instructor**

Our NARHA certified instructors answer directly to the HBwH Equine Program Director and is responsible for many things at HBwH such as, but not limited to: familiarity with all client information; NARHA precautions and contraindications for riding; development of appropriate, detailed lesson plans to meet the needs of the clients; familiarizing volunteers with each lesson plan prior to each lesson; knowledge of the characteristics of each equine utilized for HBwH; client/equine assignments; volunteer/client assignments; tack and equipment assignments; equipment fit and safety checks prior to mounting each participant and throughout entire lesson; making sure the arena is clear of objects that might injure horses, participants, and personnel; and any other duties deemed appropriate by her or his supervisor. Minimum qualifications include current NARHA Instructor Certification, and current First Aid and CPR certifications. If you are interested in becoming a NARHA Certified Instructor, please let us know – we'd be happy to assist you within our Instructor-in-Training Program that helps you prepare for certification.

### **Horse Leader**

A horse leader's first responsibility is to focus on the horse and the horse's comfort level, but at the same time maintaining an awareness of the rider, instructor, sidewalkers and the environment ~ all are important components of horse leading. The horse leader will follow the Instructor's directions and guide the horse. A good leader will be aware of just how much or how little assistance to offer the client during the lesson. If an accident occurs, the horse leader's responsibility is to stay with the horse not with the student/rider or sidewalkers. The horse leader will be taught how to work with the horses, including grooming, leading and tacking the horses, including a check of tack prior to leading the horse to the mounting area for a lesson. The Equine Program Director will need to feel comfortable with the horse leader's abilities before being allowed to handle a horse during the lesson (specialized training will be provided).

### **Sidewalker**

The Sidewalker works directly with clients, helping to stabilize them in the saddle, helping them with steering and offering assistance when needed. A sidewalker's first concern is always the safety of the rider, and as a sidewalker never leaves the rider unattended. If an accident occurs, the sidewalkers' responsibility is to stay with the client not with the horse. The sidewalker will need some endurance and physical strength. Lesson times are ½ hour to one hour and will require walking and jogging alongside the mounted rider.

### **Coach**

The Coach is responsible for greeting each client upon arrival and supervising them at all times until the lesson is complete and the parent/guardian has taken their child in their care. In addition to their arrival, the coach will fit the client with a helmet in preparation for class. The coach will then introduce the client to team and encourage them before, during and after class, as per the Instructor's instructions. The coach is the only *voice*, other than the Instructor; during the lesson (the horse leader and sidewalker are 'silent' partners).



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*"The world is hugged  
by the faithful arms of  
volunteers."  
~Everett Mamor*

### POLICIES AND PROGRAM RULES

For some of you, this will be your first time around either horses or individuals with *disabilities*, or both. NARHA (formerly known as the North American Riding for the Handicapped Association) has established many guidelines and standards to provide for the safety and comfort of clients, volunteers, and horses. These guidelines and standards will strictly be followed at HBwH.

#### The following guidelines are not debatable:

1. The instructor and/or therapist is in absolute control of the lesson/arena/ring ~ he/she is responsible for everyone's safety!
2. For our students/riders, helmets will be worn and secured at all times while on the HBwH property and while mounted.
3. Any injury will be reported immediately to the Instructor, and an incident report completed within 24 hours.
4. All new volunteers will be assigned a volunteer leader.

#### 1. PAPERWORK & TRAINING

- The Volunteer Registration forms MUST be complete and received by the office prior to the beginning of any activity at HBwH. There will be NO exceptions.
- At HBwH, we have a series of training protocols that all volunteers are required to attend. To start, there is a mandatory orientation and training lessons include: Emergency Procedures and Dismounts, Sidewalking, Coaching, and Horse Leading.

#### 2. LESSONS

- If you are an assigned Horse Leader, you should arrive 30 minutes prior to the class start; if you are a Sidewalker or Coach, you should arrive at minimum 15 minutes prior to the start of class. The Instructor will have the assignments upon arrival for class.

#### 3. CLOTHING

- Appropriate attire is essential to the comfort and safety of anyone working around our horses. Long pants/jeans are recommended attire and should be worn during lessons regardless of weather. Female riders are not permitted to wear skirts.
- All volunteers should preferably wear a boot (paddock or riding boots), however, toe/heel closed shoes (i.e. tennis shoes) are acceptable (NO clogs, sandals, flip-flops, etc.). This policy applies for ALL volunteers.
- Please be careful of wearing over-powering scents/perfumes. People and horses can be allergic or sensitive to perfumes, after-shave lotion, suntan lotion, and/or hair sprays. These can also attract insects! In addition, refrain from wearing 'dangly' earrings, bracelets, etc., as they can get tangled on tack, etc.

#### 4. RIDER'S CONDITION

- The Equine Program Director and Instructors must have current information about all elements of the client's condition in order to be able to provide the most effective instruction and ensure the safety of all participants. This information will be strictly kept confidential and any information shared by the Instructor is only for the purpose of getting the best outcome in any equine assisted activity or therapy for the client.

#### 5. BARN RULES

- Children and guests of volunteers must be supervised and must adhere to the rules and policies at all times.
- No one is permitted in the barns or barn area other than HBwH staff or trained volunteer(s).
- All students/riders in the program must wear a helmet at all times when near the horses.
- There is absolutely no hand feeding of the horses; please advise the HBwH staff if you brought horse treats and they will supervise and accommodate you ~ our horses are grateful for any treats you can provide!
- No one is permitted on the property unless a staff member is on the premises.
- No running or screaming.
- No one may enter a pasture containing horses.
- No outside pets (i.e. dogs, cats, etc.) are allowed on the property.
- Infectious diseases (if you have equines yourself): please be considerate of our therapy horses – some equine diseases are contagious (i.e. strangles) and we would not want that brought into the barn area.

#### 6. GENERAL

- No abusive, threatening or violent behavior will be tolerated from ANYONE for ANY REASON.
- Absolutely NO SMOKING on the property.
- Report all accidents, injuries or hazardous conditions to a HBwH staff member as soon as possible.
- Parking is permitted in designated areas of the property. Please drive slowly (5 mph), as classes may still be in progress.
- The restroom is located in the back of the private residence – please show respect.
- No one is permitted in the private residence area, except to use the restroom.