SUNRISE NORTH THERAPEUTIC RIDING PROGRAM

Thank you for your interest in volunteering at Sunrise North Therapeutic Riding Program. We are a not-for-profit organization dedicated to improving the well-being of children and adults living with physical, cognitive and/or emotional special needs through the benefits of equine-assisted activities.

Sunrise is currently seeking dedicated and compassionate community members, 14 years of age and older, who are interested in volunteering at our center. Volunteering is a great way to meet new friends, spend time with horses and help others. Volunteers play an integral role in the success of our program and many of our riders would not be able to participate without their help and support. There are a variety of opportunities, with the most significant need being for side-walkers and horse leaders to assist with lessons. The program operates Sunday-Tuesday with a 2 hour minimum. Our volunteers are scheduled for specific days and times each week.

Volunteer opportunities include:

Horse leaders – groom and tack horses before class, lead the horse in lessons and untack and care for the horse after class. Their primary responsibility is the horse and being aware of the horse's behavior. Prior horse experience is required.

Side-walkers – are responsible for assisting with rider safety and providing support to the rider during class. Prior experience is not required, training is provided.

Barn support – help with a variety of tasks such as maintaining the barn, cleaning stalls, paddocks and cleaning tack..

Facility – volunteers are needed to assist with general maintenance and repairs of the facility.

Special Events & Fundraising – as a non-profit, we greatly appreciate support with events and fundraising opportunities.

If you are interested in volunteering, please complete and return the volunteer application forms. Completed forms may be emailed sunrisenorth@comcast.net or mailed to: Sunrise North Therapeutic Riding Program

23061 S. Thomas Dillon Dr

Channahon, IL 60410 (Note: This is not the barn address)

Once your paperwork is received, I will contact you to schedule a training session. During the orientation and training we will review program policies and procedures, provide you with an introduction to working with individuals with special needs and horses, and complete some hands-on practice of the volunteer roles. For the training, please arrive on-time and wear sturdy boots or shoes and dress weather appropriate as some of the training may be conducted outdoors. For you safety, flats, sandals, flip-flops and thin shoes are not permitted to be worn when volunteering at the center.

If you have any questions regarding volunteering or the application process, please feel free to contact me at 815/260-5628. Again, thank you for your interest in volunteering at our center and I look forward to meeting you.

Sincerely,

Kris Mondrella

Program Director

Volunteer Application & Authorization for Emergency Medical Treatment

It is our policy to comply with all applicable state and federal laws prohibiting discrimination based on race, age, color, sex, religion, national origin, disability, sexual orientation or other protected classification.

Name:_____D.O.B:___/____/____Age (must be 14 or older):____

Address:_____Zip:_____Email:_____

Phone: (Home)_____(Cell)_____(Work)_____

Parent/legal guardian, if under age 18:_____
Name Relationship Phone

Employer/School:_____

How did you learn about the program?_____

Reason for volunteering? _____Personal Fulfillment _____School Requirement ____Court Required Community Service

Please provide contact information for 1 personal reference. This reference must be an adult who is <u>not related</u> to the volunteer applicant:

Name of Reference Relationship to Applicant (Employer, teacher, etc.) Phone

Please indicate your experience: Do you have previous horse experience?_____
Experience with individuals with disabilities?_____

Please check off your volunteer interests:

□ Horse Handling **(must have previous horse experience)** □ Fundraising □ Stable Management
□ Sidewalking with a Participant □ Office Assistance
Other: _____

Current Availability: _____Weekday Mornings _____Weekday Afternoons _____Saturdays

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT FOR VOLUNTEERS: In the event emergency medical aid/treatment is required due to illness or injury while being on the property of the agency, I authorize Sunrise North Therapeutic Riding Program to: Secure and retain medical treatment and transportation, if needed and release records upon request to the authorized individual or agency involved in the medical emergency treatment.
In case of Emergency, contact:_____Phone:_____

Alternate contact:_____Phone:_____

Due to the nature of volunteering at therapeutic riding facility, volunteers are expected to be able to work independently and to be able to make safety decisions for themselves and others at times. Please indicate any medical conditions/limitation/disabilities that may affect your volunteer role that we should be aware of including cardiac, respiratory, bone or joint function, recent surgeries, allergies, medications, etc.

CONSENT PLAN: (to be invoked in the event that your Emergency Contact cannot be reached.) I give consent for emergency medical treatment/aid (including x-ray, surgery, hospitalization, medication, and any treatment procedure deemed "lifesaving" by the physician) in the event of illness or injury while on the property of the agency.

Volunteer Consent Signature:_____Date:_____
Parent Consent Signature:_____Date:_____
(Volunteers under 18 years of age, both parent & volunteer signature required)

Release & Confidentiality Form - Please Read Before Signing

LIABILITY RELEASE (Required): _____ (Participant Name) would like to participate in activities offered by Sunrise (the "Program"). I acknowledge the risks and potential for risks of horseback riding and equine activities. However, I feel that the possible benefits to myself/my child/my ward are greater that the risk assumed. I understand and acknowledge that I/my child/ward will not be entitled to participate in the Program or to occupy the premises Sunrise North conducts the Program if I do not sign the liability release and waiver. Therefore I hereby, intending to be legally bound for myself, my heirs and assigns, executors, and administrators, fully assume all risks of injury or death and agree to defend, indemnify, hold harmless, and completely and unconditionally release and waive forever all claims for damages against, and I agree not to sue, Sunrise North Therapeutic Riding Programs, its Board of Directors, Instructors, Therapists, Aides, Volunteers, and/or Employees, Daniels Farm, Ellis House Equestrian Center for any and all injuries and/or losses I/my child/ward may sustain while participating in the Program even if due to the negligence of any of the Released Parties. The undersigned acknowledges that he/she has read this Registration and Release in its entirety; that he/she understands the terms of this release and has signed this release voluntarily and with full knowledge of the effects thereof.

Signature: _____ Date: _____
Parent or Guardian if under 18 years of age

CONFIDENTIALITY STATEMENT: I understand that all information (written and verbal), including participant information, business and financial information of Sunrise North Therapeutic Riding Program is confidential and will not be shared . I acknowledge that I shall have access to only those records that I need in order to perform the duties assigned to me in my specific role at Sunrise North Therapeutic Riding Program and I agree to refrain from handling or copying any records that do not pertain to my responsibilities and obligations at Sunrise North Therapeutic Riding Program. I further understand and agree that I will be suspended or discharged from my position at Sunrise North Therapeutic Riding Program if I am found to be in violation of this Confidentiality Statement. Upon completion of my duties at Manes & Motions I agree to keep confidential all information to which I had access during my association with Sunrise North Therapeutic Riding Program.

Signature: _____ Date: _____
Parent or Guardian if under 18 years of age

PHOTO RELEASE: ____ I DO ____I DO NOT consent to and authorize the use and reproduction by Sunrise North Therapeutic Riding Program of any and all photographs and any other audio/visual materials taken of me, and/or my name, for promotional material, educational activities, and exhibitions or for any other use for the benefit of the center.

Signature: _____ Date: _____
Parent or Guardian if under 18 years of age

SUNRISE NORTH
THERAPEUTIC RIDING

APPLICANT'S STATEMENT & AUTHORIZATION FOR RELEASE OF INFORMATION: I certify that the facts set forth in this application are true and complete to the best of my knowledge. I understand that if I am accepted into the Volunteer Services program, false statements may result in my dismissal. I understand that volunteer service at Sunrise North Therapeutic Riding Program is 'at will," which means that either I or Sunrise North Therapeutic Riding Program can terminate the volunteer service relationship at any time, with or without prior notice, and for any reason not prohibited by statute. I understand that as a volunteer at Sunrise North Therapeutic Riding Program I do not receive any form of compensation for the time I spend functioning in the capacity of a volunteer. I hereby give Sunrise North Therapeutic Riding Program permission to request and obtain data pertinent to volunteering at Sunrise North Therapeutic Riding Program from the references I've supplied. I release from all liability or responsibility all persons and institutions supplying information. I authorize Sunrise North Therapeutic Riding Program to make an investigation of any of the facts set forth in this application.

Signature: _____ Date: _____
Parent or Guardian if under 18 years of age

VOLUNTEER HANDBOOK ACKNOWLEDGEMENT: The volunteer handbook describes important information about the organization and my role as a volunteer. By signing below, I acknowledge reading the handbook and understand that I should consult the Program Director regarding any questions not answered in the handbook. Since the information here is subject to change, I acknowledge that revisions to the handbook may occur. I understand that revised information may supersede, modify, or eliminate existing policies and it is my responsibility to stay up to date on changes by reading emails and other information provided to me that contain policy updates. I have received the handbook, and I understand that is my responsibility to comply with the information contained in this handbook and any revisions made to it.

☐ Volunteer Signature: _____ Date: _____