



Volunteer Packet Contents

Thank you for your interest in the Therapeutic and Recreational Riding Center, Inc. (TRRC), a premier accredited program through the Professional Association of Therapeutic Horsemanship International (PATH).

Enclosed you will find the forms necessary for volunteering; if you have any questions, please contact the Volunteer Coordinator at volunteer@trrcmd.org

Forms in Packet:

1. Volunteer Application
2. Volunteer Contract (2 pages)
3. Volunteer Health History
4. Authorization for Emergency Medical Treatment
5. Confidentiality Policy and Agreement
6. Volunteer Behavior Contract
7. Fire Evacuation Procedure
8. Volunteer Reminders
9. Volunteer Information Sheet
10. Membership Application
 - Membership is optional but strongly suggested. Membership donation fees along with grants and fundraisers subsidize 50% of program services. We deeply appreciate your donation, large or small. Your membership donation will help fund scholarships, purchase/maintain equipment, equine support, maintain/upgrade facilities and bring smiles to our many riders and their families.
 - A yearly membership donation is \$35.

PLEASE READ THESE FORMS CAREFULLY and sign ALL forms. These forms must be completed and returned to TRRC *before* volunteering.

TRRC, Inc. is a 501(c) (3) non-profit charitable organization. In an effort to keep costs at a minimum for our riders, TRRC, Inc. *depends* on the volunteer efforts of riders' family and friends. The Center is always in need of volunteers to donate an hour or two (or more) each week.

Volunteers can help in many ways, depending on their interest and skills, and on the needs of the Center. Leading, side-walking, grooming and tacking the horses; stable management, fund-raising, special events and office work all offer excellent volunteer opportunities. Training, support and social events are available. If you are interested or know anyone who might be, please contact TRRC, Inc. at volunteer@trrcmd.org.

TRRC, Inc. is a Premier Accredited Program through the Professional Association of Therapeutic Horsemanship International (PATH) and is a member of the Federation of Riding for the Disabled International.

We are a smoke, alcohol and drug-free environment!



Volunteer Application



GENERAL INFORMATION (print):

Volunteer: _____ Date of Birth: _____
(We require that you be at least 14 years old and able to conduct yourself according to all TRRC rules, regulations and behavioral policies)

Gender: M _____ F _____ Height: _____ Weight: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Alt. Phone: _____ E-mail: _____

Employer/School: _____ Title/Grade: _____

Address: _____

Phone: _____

Parent/Legal Guardian/Caregiver: _____
(if under 18 years of age)

Address (if different from above): _____

Phone: _____

How did you hear about the program? _____

Horse Experience: _____ None _____ Some _____ Very Comfortable

Have you ever been charged with or convicted of a crime? Y___ N___ (If yes, please explain)

I, _____, authorize TRRC, Inc. to receive information from any law enforcement agency, including police departments and sheriff's departments, of this 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 TRRC, Inc., 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: _____





Volunteer Health History

(Note: this form needs 2 (two) signatures if under age 18 ★)

Name: _____

DOB: _____

HEALTH HISTORY:

COMPLETE each row of the columns below!

Table with 4 columns: Please indicate any special needs/concerns, Yes, No, Comments. Rows include Vision, Hearing, Sensation, Communication, Heart, Breathing, Digestion, Circulation, Emotional/Mental Health, Behavioral, Pain, Bone/Joint, Muscular, Thinking/Cognition, Allergies (i.e. asthma, bee sting, dust), TB Test, Tetanus Test, Other.

Please list pertinent information under the appropriate heading:

MEDICATIONS (include prescription, over-the-counter & herbal; name, dose, and frequency):

PHYSICAL FUNCTION (describe abilities/difficulties; mobility skills):

PSYCHO/SOCIAL FUNCTION (describe abilities/difficulties; work/school issues, grades completed, hobbies, fears, companion animals...):

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

To my knowledge, there is no other information about the applicant that is pertinent to TRRC, Inc.

Signature of Responsible Party Date

★ Signature of 2nd Parent/Guardian (if applicable) Date

★ TRRC's insurance requires the 2nd signature if volunteer is under age 18. If there is a special circumstance, please contact Helen Tuel, Director, TRRC, Inc.



THERAPEUTIC AND RECREATIONAL RIDING CENTER, INC.

Volunteer Contract



Volunteer's Name: _____ Date of Birth: _____

Parent/Guardian/Caregiver: _____ Relationship: _____
(if under 18 years of age)

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Work Alt. Phone: _____

E-Mail: _____

Volunteers for the therapeutic riding program must be 14 years of age and agree to work a *minimum* of a 3-hour shift per week (unless otherwise noted) and attend volunteer training meetings.

Absences: The TRRC Volunteer Coordinator requests a 24-hour notice of all absences either by phone, text, or email.

Prescription Medicine: All non-emergency prescription medication should be used before arrival at TRRC. Parents/Guardians and adult volunteers are responsible for keeping their own medical files current beyond TRRC's annual update. Any emergency medication should be carried at all times and include specific directions.

Medical Information & Approval for Volunteering: TRRC, Inc. reserves the right to request yearly updates of medical histories and to make the final judgment of whether the applicant/volunteer is medically able to participate in equine activities.

Representation: Volunteer and/or Responsible Party warrant and represent that Volunteer has no disability, impairment or ailment preventing him/her from engaging in active exercise or that will be detrimental to his/her health, safety or physical condition if he/she does so engage or participate. This representation is made by the Volunteer and/or Responsible Party, knowing that TRRC, Inc. will rely upon same representation.

Dress Code: Proper clothing includes long pants, and fully closed shoes; no open-toed or open-backed shoes are allowed, and no large or dangling jewelry. TRRC staff and/or Volunteer Coordinator reserve the right to inspect and approve/disapprove gear and/or require additional gear for safety, weather and other conditions.



THERAPEUTIC AND RECREATIONAL RIDING CENTER, INC.



Volunteer Contract (cont.)

Valuables: Everyone is urged to avoid bringing valuables on the premises. TRRC, Inc., its agents or employees, shall not be liable for loss, theft or damage to personal property.

Liability: Volunteer and/or volunteer's family and guests using the facilities and equipment, do so at their own risk. TRRC, Inc. shall not be liable for any damages arising from personal injuries or damages sustained in, on or about the premises. Volunteer and Responsible Party assume full responsibility for any injuries or damages, and do hereby and forever, release and discharge TRRC, Inc. and its owners, employees and agents, from any and all claims, demands, damages, rights or causes of action, present or future, whether the same be known or unknown, anticipated or unanticipated, resulting from or arising out of the volunteer's, families', or guests' use or intended use of facilities and/or equipment.

Signature: _____
Volunteer (Parent or Legal Guardian if under age 18)
Signed in presence of Center staff

Date: _____

It is understood that photographs/videotapes are routinely made of riders, volunteers, staff members and other participants in the program. TRRC, Inc. is hereby granted permission to make use of such photos/videos in which the volunteer, family or guests may appear for TRRC's publications, presentations for public awareness, educational/research or other purposes.

PHOTO RELEASE

I **DO** **DO NOT** consent to and/or authorize the use and reproduction by TRRC, Inc. of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Signature: _____
Volunteer (Parent or Legal Guardian if under age 18)
Signed in presence of Center staff

Date: _____



Authorization for Emergency Medical Treatment

Volunteer's Name: _____ DOB: _____ Phone: _____

Address: _____

Primary Physician Name: _____ Phone # _____

Preferred Medical Facility: _____

Health Insurance Co.: _____ Policy # _____

Allergies to medications: _____

Current medications: _____

In the event of an emergency, contact:

Name: _____ Relationship: _____ Phone #: _____

Alt. Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Alt. Phone #: _____

CONSENT PLAN: In the event emergency medical aid or treatment is required due to illness or injury while on the property of TRRC, Inc., I authorize TRRC, Inc. to:

- 1. Secure and retain medical treatment and transportation as needed.
2. Release client records upon request to authorized individual or agency involved in medical emergency treatment.

This authorization includes x-ray, surgery, hospitalization, medication, and any treatment procedure deemed "life saving" by the physician or emergency personnel. This provision will only be invoked if the person(s) above is unable to be reached:

Consent Signature: _____ Date: _____

Volunteer (Parent or Legal Guardian if under age 18)

Signed in presence of Center staff

Printed Name of Above: _____ Phone # _____

NON-CONSENT PLAN: I DO NOT give my consent for emergency medical treatment/aid in the case of illness or injury while on the property of TRRC, Inc.

___ If under age 18, parent, legal guardian or caretaker will remain on site at all times during volunteer's hours/activities

___ In the event emergency treatment/aid is required, I wish alternate procedures to take place:

Non-Consent Signature: _____ Date: _____

Volunteer (Parent or Legal Guardian if under age 18)

Signed in presence of Center staff

Printed Name of Above: _____ Phone # _____



Confidentiality Policy and Agreement

TRRC, Inc. shall preserve the right of confidentiality for all individuals in its program. Any and all full and part-time staff, independent contractors, temporary employees, board members, volunteers, and others, shall keep confidential all medical, social, referral, personal, and financial information regarding a person and his/her family.

TRRC, Inc. recognizes that a rider or his/her family members may not have legal authority to disseminate information, whether due to age or mental capacity. As a general rule, infants and children under the age of 18 years DO NOT have legal authority to consent to disclosure. Only parents, legal guardians, or others (as defined by the state statute) have this authority. Adults with developmental disabilities are presumed legally competent to give or deny disclosure unless they have been adjudicated incompetent to make this type of health care decision. If a substitute decision-maker has been appointed, TRRC, Inc., and its representatives, must obtain specific and informed written consent from that individual.

The policy extends to all situations involving TRRC, Inc. and its clients, whether or not any information was disseminated accidentally or on purpose.

TRRC, Inc. shall not disseminate to its employees or others, knowledge of a person's medical or sensitive information unless there is a risk to others through casual contact and permission has been obtained.

TRRC, Inc. shall reserve the right to use universal precautions for all situations in which staff or volunteers may be exposed to the blood of a rider. TRRC, Inc. shall act under the assumption that all riders may have a blood borne disease. Such actions do not indicate a breach of confidentiality, but rather a general policy for use in all situations in which persons are exposed to another's blood.

TRRC, Inc. shall only disclose information to outside agencies/individuals with the specific written consent of the volunteer/legal representative. In cases of medical emergency due to illness or injury while receiving services or while on the property of TRRC, Inc., this policy shall adhere to the required Authorization for Emergency Medical Treatment as such required written consent.

Any breach of the above confidentiality policy by staff, volunteers, and other persons will result in:

- 1) a documented verbal warning;
- 2) a formal written reprimand;
- 3) dismissal.

Confidentiality Statement

By signing below, I certify that I understand and will observe the confidentiality policy of TRRC, Inc.

Signature	Date	Witness Signature	Date
Print Name			



THERAPEUTIC AND RECREATIONAL RIDING CENTER, INC.

Volunteer Behavior Contract



THE BOTTOM PORTION MUST BE SIGNED and RETURNED TO TRRC!

At TRRC, safety is our top priority. To ensure the safety of the riders, volunteers, staff and horses, we ask that you review the following guidelines. Both the volunteer and/or parent/guardian (if under age 18) should sign the contract and return the bottom segment to TRRC.

1. **NO ONE will be allowed to hurt or abuse the horses, staff, riders or fellow volunteers. Unacceptable behavior will result in early dismissal. If such behavior is not corrected, the volunteer may be asked to leave the program.**
2. Volunteers who are leading or sidewalking agree to listen to the instructor/therapist and follow directions.
3. Volunteers are encouraged to ask questions and ask for help when needed.
4. No running or roughhousing in the rider support building, arena, barn and other areas where horses are present.
5. Touching a rider, staff member, or another volunteer in an inappropriate manner may be grounds for removal from the program.
6. Be cautious when entering stalls. Do not allow your siblings or friends to do so unless authorized by staff.
7. When offering horses a treat, we request you use the snack bowls. Carrots, apples and horse cookies are all welcome. No sugar cubes or candy, as it may damage their teeth.
8. Encourage the children to speak and move quietly in the observation room because loud sounds can spook the horses and endanger the riders.
9. **NO SMOKING, NO DRUGS** (except prescription medication) and **NO ALCOHOL** are permitted on TRRC property.
10. Please be respectful of the horses, equipment and people while you are at TRRC.
11. **HAVE FUN!!!!**

I (we) have read the above contract and agree to follow the above rules set by TRRC, Inc. I understand that failure to follow the above rules may lead to dismissal from the program.

 Volunteer Signature Date

 Parent/Guardian/Caregiver (if under age 18) Date

YOUR COPY

Cut Here

Please sign and return **this portion** to TRRC, Inc. If the volunteer is a minor, both the parent/guardian and child should sign the contract.

I (we) have read the above contract and agree to follow the above rules set by TRRC, Inc. I understand that failure to follow the above rules may lead to dismissal from the program.

 Volunteer Signature Date _____
 Printed Name of Volunteer

 Signature of Parent/Guardian (if under age 18) Date

 Printed Name of Parent/Guardian Date

TRRC'S COPY
(Volunteer Behavior Contract)

THERAPEUTIC AND RECREATIONAL RIDING CENTER, INC.



TRRC Fire Evacuation Procedure



THE BOTTOM PORTION MUST BE SIGNED and RETURNED TO TRRC!

When the FIRE ALARM sounds:

- All volunteers and family members must immediately and orderly exit the Rider Support Building, stalls or arena and proceed to the **flag court** at the top of the hill. Delay in exiting could interfere with trained staff assisting riders needing support, and the horses.
- All exits are marked with a red EXIT sign and a spotlight.
- For volunteers leading a ride on the trails - riders must dismount and instructors will remain in radio contact to await further instruction.
- Do NOT return into any building, stall or arena again for ANY REASON.
- A senior staff member will have been assigned to sweep the building and assure that all rooms are vacated, and that every single person is out of the building. Once the building has been checked, the staff will be able to assist with the horses.
- Do NOT go into any of the riding arenas or stalls to help the staff, or to retrieve riders or horses. The staff has been trained in the proper emergency evacuation procedures and will join family members at the flag court. NO HORSES WILL BE RESCUED UNTIL ALL PEOPLE ARE SECURED SAFELY.
- Do NOT attempt to assist with the horses. They could become very unpredictable and dangerous with all of the activity, noise and smells. Allow only trained staff members to work with the horses.
- Do NOT drive away from TRRC when the fire alarm sounds. Moving vehicles will add to the confusion and are too dangerous with all of the movement of people and horses.
- All vehicles and debris must stay clear of the fire lanes and driveway to allow access by Emergency Vehicles.
- Once the "All Clear" is given, staff, volunteers, riders, and family members can proceed back to the buildings for normal operations.

Thank you for following these life-saving procedures to assure the safety of our loved ones, both human and animal.

By signing below, I agree to follow the Fire Evacuation Procedures

Volunteer Signature OR Parent/Guardian (if under age 18) Date

YOUR COPY

Cut Here

By signing below, I agree to the Fire Evacuation Procedures

Volunteer Signature OR Parent/Guardian (if under age 18) Date

Printed Name of Volunteer

TRRC'S COPY
(Fire Evacuation)



Volunteer Reminders

Thank you for choosing to volunteer at TRRC, Inc. Our primary goal at TRRC is **safety**. You can help us to keep you safe by following a few simple rules:

- Remember to wear the proper clothing: shoes with heels or boots, and long pants. Volunteers will not be allowed to work in sneakers or short-shorts.
- No dangling jewelry. No perfumes, as they attract bees and biting insects.
- If leading in a lesson, do not let the rider mount unless requested to do so by the instructor or therapist.
- Be cautious when entering stalls. Do not allow your siblings or friends to do so unless authorized by staff.
- Encourage the children to speak and move quietly in the observation room because loud sounds can spook the horses and endanger the riders.
- No flash photography - the flash may frighten the horses.
- No dogs (except therapy dogs) are allowed in or around the barns and arenas (indoors or outdoors).
- If you see anything that might be unsafe or dangerous, such as reins that are hanging loose or someone in trouble, PLEASE take care of it or notify a staff member immediately.
- **We encourage all volunteers to be current in CPR/First Aid.** The Center has an AED (Automated External Defibrillator) – an oxygen tank is located with the AED. Staff is certified annually in its use.
- If there is anything you need, please do not hesitate to ask.
- For questions or more information - contact the Volunteer Coordinator at volunteer@trrcmd.org



Therapeutic and Recreational Riding Center, Inc.

Volunteer Information Sheet



PRINT ALL INFORMATION

DATE: _____

Volunteer Name: _____
(PRINT) Last

_____ First

Address: _____
(PRINT) Street

_____ City _____ State _____ Zip _____

Home Phone: _____ Cell Phone: _____

E-mail address: *PRINT CLEARLY!* _____

Volunteer DOB: _____ (*mm/dd/yyyy*)

Printed Names of Parent(s)/Guardian(s): _____
(*If volunteer is under 18 years of age*)

Therapeutic and Recreational Riding Center, Inc. 3750 Shady Lane, Glenwood, MD 21738

Office: 410-489-5100 Fax: 410-489-3663 trrc01@aol.com www.trrcmd.org



THERAPEUTIC AND RECREATIONAL RIDING CENTER, INC.

Membership Application



TRRC, Inc. is a 501(c)(3) non-profit charitable organization. We could not offer quality services without support from the community. The private donations, grants, and fundraisers subsidize 50% of program services. We deeply appreciate your donation, large or small. Your membership donation will help fund scholarships, purchase/maintain equipment, equine support, maintain/upgrade facilities, and bring smiles to our many riders and their families.

I would like to become a Member. I have enclosed \$ _____ for the membership level checked below:

_____ Hoofprints	\$ 35
_____ Pony	under \$100
_____ Mustang	\$100
_____ Stallion	\$500
_____ Thoroughbred	\$1,000

Name: _____
Last First

Address: _____
City State Zip Code

Home Phone: _____ Cell/Alt. Phone: _____

E-mail Address: _____ **(PLEASE PRINT)**

Parents/Guardians: _____

My employer has a matching gift program: Y _____ N _____ (If yes, please forward a copy of the policy)

I am a Federal Employee (The CFC Campaign accepts TRRC, Inc.): Y _____ N _____

Please fill in below if this is a gift membership:

Name: _____
Last First

Address: _____
City State Zip Code