

Purple Pony Therapeutic Horsemanship, Inc. Volunteer Packet

Dear Volunteer,

Purple Pony Therapeutic Horsemanship, Inc. could not operate without the dedication of caring volunteers. Volunteers are an integral part of the Purple Pony team that brings the benefits of therapeutic horsemanship to people with disabilities and diverse needs. Welcome and thank you!

Purple Pony offers riding sessions for the disabled throughout the spring, summer and fall seasons. Check with the volunteer coordinator for current dates, or check our website: www.purplepony.org

Volunteers must be physically capable of performing assigned tasks- lessons can be demanding. You must be willing to learn and follow established procedures and accept constructive feedback. We ask that you commit to a consistent schedule and dress in an appropriate manner.

Each new volunteer is required to attend a general training session prior to the start of your service. Returning volunteers must complete a renewal training session at the start of the riding season.

Call Gail Ehmann, Volunteer Coordinator, 585.721.9080 for details.

Directions: Purple Pony Therapeutic Horsemanship program is located at **8321 Lake Street Rd, LeRoy, NY 14482.**

From Route 490:

1. At Route 490 Exit 1 (LeRoy exit), bear right and proceed on Rt. NY 19. Travel 2 miles. Turn left at 8321 Lake Street Rd, split rail fence and orange triangle mark driveway.

From the North: Take NY Rt 19 South.

Please complete and return to the home address of our coordinator:

**Gail Ehmann-Volunteer Coordinator
Purple Pony Therapeutic Horsemanship, Inc.
47 Stover Rd.
Rochester, NY 14624**

Thank you for including Purple Pony in your journey.

Purple Pony Therapeutic Horsemanship, Inc. Volunteer Information Form and Health History

General Information (Please Print)

Name: _____ Date: _____
Address: _____ City _____ Zip _____ Date of Birth: _____
Phone: (H) _____ (Cell) _____ Ok to Text? **Y** or **N**
E-mail (please print clearly) _____
Employer/School: _____
Address: _____
Parent/Legal Guardian Name and Address _____
(if under 18) _____
How did you learn about the program? _____

Health History and Authorization for Medical Treatment

Please describe your current health status, particularly regarding the physical/emotional demands of working in an equine-assisted program. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries, allergies, medications or lifestyle changes.

Physician's Name _____ Medical Facility _____
Physician's Phone Number _____ Tetanus up-to-date? _____
Health Insurance Company _____ Policy # _____
Allergies to Foods or Medications _____
Current Medications _____

In the event of an emergency, please contact:

Name _____ Relation _____ Phone _____
Name _____ Relation _____ Phone _____

In the event that emergency medical aid/treatment is required due to illness or injury during center activities, or while on the property of the agency, I authorize Purple Pony Therapeutic Horsemanship, Inc., Inc. to: 1. Secure and maintain medical treatment and transportation if needed. 2. Release participant records upon request to the authorized individual or agency involved in the medical emergency treatment.

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(s) above is unable to be reached.

Consent Signature _____ Date _____
(Volunteer, or if under 18 a parent/legal guardian)

NON-CONSENT PLAN

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during lesson activities or while on the property of the agency. In the event emergency treatment/aid is required, I wish the following procedures to take place _____

Non Consent Signature _____ Date _____
(Volunteer, or if under 18 a parent/legal guardian)

Purple Pony Therapeutic Horsemanship, Inc. Volunteer Information Form

Background Information

Have you ever been charged with or convicted of a crime? Y N

If "yes", please explain _____

I, (print) _____ (Volunteer, or if under 18 a parent/legal guardian), authorize Purple Pony Therapeutic Horsemanship, 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 or animals.

I understand that such access is for the purpose of considering my application as a volunteer, and I expressly DO NOT authorize Purple Pony Therapeutic Horsemanship, 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, or if under 18, parent/legal guardian)

Please give a brief explanation of:

Previous Volunteer experience with therapeutic riding _____

Previous Horse Experience _____

Previous Experience with people with disabilities _____

Please indicate your availability to volunteer on the chart below- Times are approximate lesson start times, subject to change. You will need to arrive at least 15 minutes before lesson time, and they may run over a few minutes.

Time	Tuesday	Thursday
4:45		
6:00		
7:15		

MAY WE INCLUDE YOUR NAME ON THE SUB LIST? (YES/NO) _____

Check areas in which you are interested:

Program

- Horse Leading (NOTE: experience required)
- Sidewalking with a Rider
- Stable Maintenance

Special Events

- Spring Cleanup
- Fundraising
- Community
- Other

Administration

- Volunteer Recruitment
- Public Relations
- Grant Writing
- Newsletter
- Photography/Video
- Budget & Finance
- Future Planning

Releases and Hold Harmless Agreements

No volunteer will be accepted for service at Purple Pony Therapeutic Horsemanship, Inc. until this form has been **READ, UNDERSTOOD, COMPLETED AND SIGNED** by the volunteer, or if the volunteer is a minor (the age of 18 or under), the parent/guardian(s) of said minor volunteer.

Photo Release

I DO

DO NOT: consent to and authorize the use and reproduction by Purple Pony Therapeutic Horsemanship, 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: _____ Date: _____
(Volunteer, or if under 18, parent/legal guardian)

Confidentiality Agreement

I understand that I may be made aware of confidential information regarding rider health and diagnosis. I understand that under no circumstances shall this information be shared with individuals external to Purple Pony, without the expressed written consent of the participant and his/her parent/guardian in the case of a minor, and that the information is provided solely for the purposes of improving the therapeutic benefit to the rider(s) participating in the lessons.

Signature: _____ Date: _____
(Volunteer, or if under 18, parent/legal guardian)

Hold Harmless

Although participation in the program is under strict supervision and every effort is made to avoid injury or accident, the undersigned acknowledges the inherent risks involved in riding, driving, and working around horses. This includes bodily injury from horseback riding or driving or being in close proximity to horses. In order to provide a valuable community service, **NO LIABILITY** will be accepted by the **PURPLE PONY THERAPEUTIC HORSEMANSHIP, INC.** and/or **KD RANCH** or any of the other organizations or persons connected with the above named facilities.

The undersigned, as self, or as parent/guardian of the named minor volunteer, jointly or severally, do hereby agree to release, hold harmless and indemnify **PURPLE PONY THERAPEUTIC HORSEMANSHIP, INC.** and/or **KD RANCH** and its officers, directors, trustees, agents, employees, representatives, successors and assigns, from all manner of liability, loss, costs, claims, demands and damages of every kind and nature whatsoever, including but not limited to reasonable attorney's fees, which the undersigned volunteer or said minor volunteer may now or in the future have against the **PURPLE PONY THERAPEUTIC HORSEMANSHIP, INC.** and/or **KD RANCH**, its officers, directors, trustees, agents, employees, representatives, successors and assigns, on account of any accident, damage, injury or illness, physical or mental condition, known or unknown, to the undersigned volunteer or said minor volunteer, or the treatment thereof, arising as a result of, or in any way connected to, acts or incidents occurring at or relating to the **PURPLE PONY THERAPEUTIC HORSEMANSHIP, INC.** and/or **KD RANCH** but not limited to their negligence or gross negligence in rendering the services described above or in any way incidental thereto.

I have carefully read this agreement and fully understand its contents.

Volunteer Name (Print) _____ Date _____

Volunteer Signature _____

Parent/legal guardian signature _____
(if volunteer age is 18 or under)

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