



# LIFESPAN FARM

Therapeutic Riding Center

3701 Kidd Lane  
Charlotte, NC 28216  
Phone - 704.393.0333  
Fax - 704.393.0334

[www.lifespanservices.orgfarmtrc](http://www.lifespanservices.orgfarmtrc)

2009-2010  
Volunteer Packet



Dear Volunteer,

Thank you for your interest in volunteering at LifeSpan Farm – Therapeutic Riding Center. Before completing the Volunteer Packet please review our Volunteer Guidelines.

### Volunteer Guidelines

All volunteers must complete a Volunteer Orientation Safety Training before they can begin volunteering.

Sidewalkers - must be at least 14 years old and commit to the same day and time each week for a minimum of two riding sessions.

Groom and Tackers - must be at least 12 years old, have riding experience, currently taking riding lessons, and commit to the same day and time each week for a minimum of two riding sessions.

Horse Leaders - must be at least 16 years old and commit to the same day and time each week for a minimum of two riding sessions.

Feeders – can be at least 14 years old and commit to at least one feeding a week and the day and time can vary. Parent or guardian supervision is required for a feeder under the age of 18.

General Farm Maintenance – must be at least 14 years old. No time commitment required.

Saturday Volunteer Coordinator – must be at least 18 years old and commit to one Saturday morning a month.

Exercising the Horses – must be at least 18 years old and been volunteering the program for at least six months, attend a special training, pass a riding test, and be committing at least two hours of volunteer service in any other areas of the program, i.e. feeding, leading, sidewalking, etc. You will coordinate directly with the Riding Instructor on scheduling.

Assist in Training a Horse – must be at least 16 years old. You will coordinate directly with the Riding Instructor on scheduling.

If you feel you meet these guidelines and understand the time commitment to our program please proceed in completing the Volunteer Packet and mail it back in to our program. If you have any questions regarding the Volunteer Packet, please contact LifeSpan Farm – Therapeutic Riding Center at 704.393.0333.

We look forward to having you volunteer in our program!

Sincerely,

The Staff at LifeSpan Farm – Therapeutic Riding Center

Warning: Under North Carolina Law, Chapter 99 E of the North Carolina General Statutes, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting exclusively from the inherent risks of equine activities.



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### Volunteer Application, Health History, Liability Release, Confidentiality Agreement, and Photo Release

#### General Information

Volunteer's Name: \_\_\_\_\_ Gender: M F

DOB: \_\_\_\_\_ Age: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell #: \_\_\_\_\_

School/Employer/Institution: \_\_\_\_\_

Parent/Legal Guardian/Caregiver: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Phone #: \_\_\_\_\_ Alternative Phone #: \_\_\_\_\_

How did you hear about our program? \_\_\_\_\_

#### Check which areas you are interested in:

- Exercising a horse – you will be paired up with a horse and will exercise that horse weekly either by riding or walking the horse. Riding test required and must give at least two hours of week in either our riding program or feeding the animals.
- Assist in training a horse – you would work with one of our riding instructors in assisting them with training the horses to be used in our riding program.
- Grooming, Tacking, & Stall Maintenance – you will be grooming the horse in preparation to be tacked and then tack the horse for the riding lesson. While the lesson is taking place you may need to go and get another horse for another lesson or return a horse to its pasture after a lesson. You would also have clean out the stalls during the lessons.
- Leading a horse – (minimum age is 16) you will lead a horse by walking it for one of our riders during the riding session, will be responsible for tacking and un-tacking the horse, and overall safety during the session.
- Side walking with a student – you will side walk next to the rider to assist in helping them perform the various activities during the riding session and assist in overall safety during the riding session.
- Weekly Feeder - will feed all of the animals that we have.
- Saturday Volunteer Coordinator – will supervise and assign various tasks for volunteers to complete one Saturday a month from 9am to 12pm. Will work closely with our Farm Manager.

#### Best time to volunteer:

- Morning (8:00am– 12:00pm)
- Afternoon (1:00pm – 5:00pm)
- Evening (5:00pm – 8:00pm)

#### Days of the week you are available to volunteer:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday

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## Health History

Please indicate current or past medical needs in the following areas:

	Yes	No	Comments
Vision			
Hearing			
Sensation			
Communication			
Heart			
Breathing			
Digestion			
Elimination			
Circulation			
Emotional/Mental Health			
Behavioral			
Pain			
Bone/Joint			
Muscular			
Thinking/Cognition			
Allergies			

## Medications (Include prescription, over-the-counter; name, does and frequency.)

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## Liability Release

As a volunteer at LifeSpan Farm – Therapeutic Riding Center, I acknowledge the risks and potential for risks of a horseback-riding program. However, I feel that the possible benefits to the riders and myself are greater than the risk assumed. Thereby, intending to be legally bound: for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against LifeSpan Farm – Therapeutic Riding Center, its board of directors, instructors, therapists, volunteers and/or employees for any and all injuries and/or losses I may sustain while participating at LifeSpan Farm – Therapeutic Riding Center.

## Confidentiality Agreement

I understand the expectation that all information related to the individuals we serve here at LifeSpan Farm – Therapeutic Riding Center is considered confidential in nature. I further understand the liability of persons with access to the individual's information and hereby agree to protect and preserve the confidential nature of all the individual's information to which I have access.

## Photo Release

I DO / DO NOT (please circle one) hereby consent to and authorize the use and reproduction by LifeSpan Farm – Therapeutic Riding Center of any and all photographs and any other audiovisual materials taken of me/my son/my daughter/my ward for promotional printed material, educational activities or for any other use for the benefit of the program.

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

Volunteer

Parent/Guardian Signature for Volunteers under 18 years old must sign below.

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

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

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### Volunteer Questionnaire

I am a horse owner: Yes \_\_\_\_\_ No \_\_\_\_\_ For how long? \_\_\_\_\_

I have kept my horses at home: Yes \_\_\_\_\_ No \_\_\_\_\_ For how long? \_\_\_\_\_

I have worked with horses for \_\_\_\_\_ years in the following capacities: \_\_\_\_\_

I have had formal training in working with horses. Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list the type and amount of training.

I have attended workshops/seminars on horsemanship. Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list the workshops/seminars you have attended and when.

I have been riding for \_\_\_\_\_ years in the following disciplines:

\_\_\_\_\_ English \_\_\_\_\_ Western \_\_\_\_\_ Other (describe) \_\_\_\_\_

Have you worked with individuals with various disabilities before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please tell us about your experience.

I understand that before I may work with a horse or student I must complete a Safety Training each year.

Yes \_\_\_\_\_ No \_\_\_\_\_

I can commit to volunteer on a weekly basis. Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please indicate frequency you can commit to: \_\_\_\_\_

Since I cannot volunteer regularly, please consider me for a substitute for the following days and times:

I wish to volunteer at LifeSpan Farm – Therapeutic Riding Center because \_\_\_\_\_

### FOR RETURNING VOLUNTEERS:

To help us in establishing teams, what, if any, are your preferences:

Leaders: I prefer to work with the following horse(s) \_\_\_\_\_

Sidewalkers: I prefer to work with the following rider(s) \_\_\_\_\_

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## Volunteer Authorization for Emergency Medical Treatment Form

Volunteer's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

In the event of an emergency, contact:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Health Insurance Co: \_\_\_\_\_ Policy #: \_\_\_\_\_

Allergies to medications: \_\_\_\_\_

Current medications: \_\_\_\_\_

State any medical information you want supplied to a medical professional in an emergency:

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

### Consent Plan

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of LifeSpan Farm - TRC, my signature below authorizes LifeSpan Farm - TRC 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.

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.

Date: \_\_\_\_\_ Consent Signature: \_\_\_\_\_

Volunteer (Parent or Legal Guardian if volunteer is under the age of 18 yrs)

### 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. In the event emergency treatment/aid is required, I wish the following procedures to take place:

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

Date: \_\_\_\_\_ Non- Consent Signature: \_\_\_\_\_

Volunteer (Parent or Legal Guardian if volunteer is under the age of 18 yrs)

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## Supporting LifeSpan Farm - TRC

LifeSpan Farm – TRC is able to operate through the support of many volunteers and financial contributions from the community. To provide one mounted riding lesson it costs LifeSpan Farm – TRC \$123. The fee for one mounted riding lesson to families is \$30. In order for us to meet the gap of our cost and the fee we charge, we encourage everyone to support the program with planning of the various events that help to raise awareness and financial support of LifeSpan Farm - TRC. Any assistance you can provide, no matter how small, is greatly appreciated!

Name: \_\_\_\_\_ Home #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell #: \_\_\_\_\_

Employer: \_\_\_\_\_

I would like to become more involved in the following areas as a volunteer (please check all that apply):

- Movies in the Barn - Friday's, September 25, 2009, November 6, 2009, April 16, 2010, and May 21, 2010, planning is ongoing
- Fall Festival – Saturday, October 24, 2009, planning is ongoing
- Derby Day Parade – Saturday, May 1, 2010, planning is ongoing
- Auto Bell Car Wash – November 20 through December 19
- Christmas Tree Sales – Saturday's December 5, 12, and 19 anytime from 8am to 4pm
- Assisting in birthday parties – as needed and will typically be held on Saturday afternoons
- Newsletters – ongoing through out the year
- Merchandising – two times a year for order placement
- Volunteer and Rider Recruitment – ongoing through out the year

My employer will match financial contributions: \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_ Please contact me about how my employer, school, civic group or organization can support the farm, either through sponsorships or a Corporate Volunteer Day.

I know someone who might be able to assist with the following goods or services (this could be donating water, plumbing, a lead in regards to a sponsor, donor, etc.): \_\_\_\_\_

Please add the following family or friends to your database for them to learn more about LifeSpan Farm – TRC:

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

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Please use additional sheets if necessary.

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### Volunteer Reference Form

Name of applicant: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

In what capacity have you known the applicant? \_\_\_\_\_

Describe the applicant's reliability and willingness to make a commitment like this: \_\_\_\_\_

Do you think the applicant can maintain the confidentiality needed in regards to the riders who participate at LifeSpan Farm – TRC? \_\_\_\_\_

Would you recommend the applicant for placement in a program like LifeSpan Farm – TRC? \_\_\_\_\_

Additional comments: \_\_\_\_\_

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return completed reference to: Program Director  
LifeSpan Farm – TRC  
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