

Welcome, Volunteers!



Thank you for your interest in TRAX Equestrian Center. We are a non-profit organization (501-c-3) providing equine facilitated learning for children and young adults with neurological impairments. Our facility is located at 2121 St. Lawrence Ave, Riverside, California, 92504.

Our riding therapy session volunteers fill a special role in the sessions. Each session is an hour long, with at least 30 minutes of riding. Sessions are by appointment and are available at various times during the week. A riding instructor is present at each session, along with at least one side walker and horse leader. The riders enjoy and look forward to seeing their volunteers week after week, and many friendships and special bonds are formed during these sessions. The program is a rewarding and exciting experience for both the rider and volunteer.

Volunteer Job Descriptions

Groomer: Arrive ½ hour prior to session to groom and saddle horses. Must be 14 or older.

Sidewalker: Volunteer walks beside the horse and rider. Some light jogging may be necessary when the horse is trotting. Usually two sidewalkers are used for each rider. Volunteer should be in good health and mentally alert. Must be 16 or older.

Horse Leader: Volunteer should have horse background and experience. This volunteer is in charge of the horse until the Instructor release him/her from duty. The leader is responsible for controlling the horse's pace and movements in response to the riders' ability. Volunteer should be in good health so that he/she can keep up with the horse at a brisk walk or jog when trotting. Must be 16 or older.

Grooming Station Monitor: Volunteer will assist riders in grooming at the grooming station. Must be 14 or older.

Arena Monitor: Volunteer is responsible for coordinating sidewalkers and horse leaders with riders. Volunteer is present during the entire riding session and becomes familiar with the riders, families and volunteers for that riding session. Must be 16 or older.

Arena Assistant: Volunteer is responsible for assisting with the gates, toys and props for the riders. Will also be responsible for keeping stalls adjoining the arena and viewing areas clean when necessary. Must be 14 or older.

Volunteer Qualifications

- Must be physically able to work 4 hours
- Must be able to make cognitive decisions and capable of learning and understanding written material.
- Must be at least 14 years old, at least 5 feet tall and weigh at least 100 pounds
- Must complete the mandatory training sessions.

Additional Volunteer Opportunities

Videographer: Volunteer is responsible for working with our Instructors to record individual rider sessions at regular intervals during the year so that each rider's progress can be documented and tracked. Experience with video and other recording media is required. Must be 18 or older.

Additional help: Volunteers with various skills are needed on a consistent basis to assist in the upkeep of TRAX Equestrian Center, and fundraising. If you have a particular skill or expertise that you would like to share such as photography, public speaking, writing articles for newsletters, carpentry, etc., we could use your help!

We would be unable to provide this program without the dedicated assistance of our wonderful volunteers. Please don't hesitate to contact us at 951-689-8009 if you have any questions. Please return your completed application to 2121 St. Lawrence Ave., Riverside, CA 92504.

We look forward to seeing you at TRAX!

TRAX Equestrian Center

Information Form & Release of Liability

General Information

Name _____ Date: _____

Address: _____

Date of Birth: _____

Phone Number: _____ Phone Number: _____

Email address: _____

Employer/School: _____

Address: _____

Parent/Legal Guardian Name and Address: _____

How did you learn about TRAX Equestrian Center? _____

Last Tetanus shot: _____ Tuberculosis Test: _____

(Consult your physician or local health dept. if you are not up to date with these shots/tests)

Health History

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

Allergies: _____

Medications: _____

In what areas are you interested in volunteering? _____

I declare that the information provided above is accurate to the best of my knowledge. I know of no reason why I should not participate in this center's program.

Signature: _____ **Date:** _____

(Please sign in presence of a Center staff member)

Information Form & Release of Liability (cont)

Photo Release

I Do ____ Do Not _____ Consent to and authorize the use and reproduction by TRAX Equestrian Center 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 center.

Signature: _____ **Date:** _____

Background Information

Have you ever been charged with or convicted of a crime? Y N: If yes, please explain:

I, _____ (volunteer/staff) authorize TRAX Equestrian Center 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 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 an employee/volunteer, and that I expressly DO NOT authorize TRAX Equestrian 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:** _____

Current Driver's License? Y N License Number: _____ State _____

Confidentiality Agreement

I understand that all information (written and verbal) about participants at this Center is confidential and will not be shared with anyone without the expressed written consent of the participant and their parent/guardian in the case of a minor.

Signature: _____ **Date:** _____

Information Form & Release of Liability (cont)

Name _____ Date: _____

Address: _____

Phone Number: _____ Phone Number: _____

Participant/Volunteer/Staff Liability Release

No participant/volunteer/staff can be accepted for service until this form has been completed by the parents and/or guardians if a minor or by the participant/volunteer/staff if of legal age. TRAX Equestrian Center is therapeutically oriented and controlled. All participant/volunteer/staff and horses have been specially selected and trained. Safety equipment is used for all riders since riding is a risk exercise.

Participation will be under strict supervision, and although every effort will be made to avoid any accident, **NO LIABILITY** can be accepted by any of the organizations or persons connected with TRAX Equestrian Center, Inc.

I, the undersigned, as self, parent(s) and/or guardian(s) of _____ self/minor, for and in consideration of the agreement of the above named facility, will hold harmless its officers, trustees, agents, employees, representatives, successors and assigns, for all manner of claims, demands, and damages of every kind and nature whatsoever which the undersigned or said minor may now or in the future have against the above named facility, its officers, trustees, agents, employees, representatives, successors or assigns on account of any personal injuries, physical or mental condition, known or unknown, to the person of the undersigned or said minor, and the treatment thereof as a result of or in any way growing out of the acts of the above named facility, its officers, trustees, agents, employees, representatives, successors or assigns, including but not limited to their negligence or gross negligence in rendering the services above described or in any way incidental thereto.

Signature: _____ **Date:** _____

Mother's Name (if minor): _____

Home Phone: _____ Work Phone: _____

Father's Name (if minor): _____

Home Phone: _____ Work Phone: _____

Guardian's Name (if minor): _____

Home Phone: _____ Work Phone: _____

Authorization for Emergency Medical Treatment

Participant Staff Volunteer

Name: _____ Date of Birth: _____

Address: _____

Home Phone Number: _____

Physician's Name: _____

Phone: _____

Preferred Medical Facility: _____

Health Insurance Co.: _____ Policy #: _____

(Please attach a copy of your insurance card to this application)

Current Medications: _____

Allergies to medications: _____

In the event of an emergency, contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

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: _____

Client, Parent, or Legal Guardian (signed in presence of Center staff)

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.

Parent or legal guardian will remain on site at all times during equine assisted activities

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

Consent Signature : _____ Date: _____

Client, Parent, or Legal Guardian (signed in presence of Center staff)