



A member of the Hospital for Special Care community

Thank you for your interest in volunteering at Manes & Motions Therapeutic Riding Center. 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. Our commitment to excellence is demonstrated through our affiliation with Hospital for Special Care, and as a premier accredited center through the Professional Association of Therapeutic Horsemanship International (PATH Intl.).

Manes & Motions 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 sidewalkers and horse leaders to assist with lessons. The program operates Tuesday through Saturday during fall, winter and spring and Monday through Friday in summer. The minimum commitment is 1 hour per 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.

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

Barn Buddies – provide additional TLC to our program horses by committing time each week to groom and care for their horse. Horse experience is required for this role.

Team Captains – oversee activities in the barn before, during and after classes. This role requires a thorough understanding of the horses, tack and class structure. Team Captains serve as a resource and mentor to other volunteers.

Schooler – those with extensive riding experience interested in helping to exercise the horses may apply to be a horse schooler. Demonstration of riding skills is required.

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

Office – support is greatly appreciated in the office answering phones, entering data, assisting with mailings, etc.

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 MMVolunteerCoordinator@hfsc.org, faxed 860.346.0436 or mailed Manes & Motions Therapeutic Riding Center, Inc., 874 Millbrook Road, Middletown, CT 06457. Volunteers over the age of 18 will be required to complete a background check form at the training.

Once your paperwork is received, I will contact you to schedule your orientation and 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 your 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 860.685.0008. Again, thank you for your interest in volunteering at our center and I look forward to meeting you.

Sincerely,

Sarah Watson

Volunteer Coordinator

Manes & Motions Therapeutic Riding Center, Inc.
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 not related 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 Manes & Motions 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: _____

(For volunteers under 18 years of age, both parent & volunteer signatures are required)

Manes & Motions Therapeutic Riding Center, Inc.
Release & Confidentiality Form - Please Read Before Signing

LIABILITY RELEASE: I acknowledge the risks and potential risks of horseback riding and working with horses. However, I feel that the possible benefits to myself are greater than the risks assumed. I hereby, intending to be legally bound for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Manes & Motions Therapeutic Riding Center, Inc., and its parent organization and affiliates (including HSC Community Services, Inc.), and their respective agents, servants, employees, physicians, officers, directors and consultants and Robert Daniels, Carolyn Daniels, and Jim Dykas (together, the "released parties") for any and all injuries and/ or losses I may sustain while participating as a Manes & Motions volunteer/staff or while otherwise on the property at 874 Millbrook Rd. Middletown, CT, (ii) covenant not to sue or bring any claims against any of the released parties for any such losses or damages and (iii) agree to pay any expenses incurred by any of the released parties, including reasonable attorney's fees, in defending any such claim or lawsuit.

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 Manes & Motions Therapeutic Riding Center, Inc. ("Manes & Motions") 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 Manes & Motions and I agree to refrain from handling or copying any records that do not pertain to my responsibilities and obligations at Manes & Motions. I further understand and agree that I will be suspended or discharged from my position at Manes & Motions 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 Manes & Motions.

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 Manes & Motions Therapeutic Riding Center, Inc. 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

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 Manes & Motions is "at will," which means that either I or Manes & Motions 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 Manes & Motions I do not receive any form of compensation for the time I spend functioning in the capacity of a volunteer. I hereby give Manes & Motions permission to request and obtain data pertinent to volunteering at Manes & Motions from the references I've supplied. I release from all liability or responsibility all persons and institutions supplying information. I authorize Manes & Motions 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 Volunteer Coordinator 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: _____