



JOB DESCRIPTION

Title: Volunteer

Reports to: Executive Director or Program Supervisor

Job Summary:

Provides assistance as a sidewalker, helper or leader to the instructor or therapist during lessons. Is responsible for ensuring a safe, quiet environment around the horse during sessions. Provides assistance in horse care, setting up and dismantling arena and barn and arena maintenance only under the direct supervision of the CTRC staff.

Direct Responsibilities:

1. Attends Volunteer training and refresher classes
2. Provides assistance to the instructor during sessions as a side walker, helper or leader
3. Assist in the maintenance of tack and equipment as determined by CTRC staff
4. Demonstrates competency in emergency dismounts through regularly scheduled emergency procedure drills
5. Demonstrates knowledge of first aid kit locations and emergency telephone numbers
6. Assists in the grooming and tacking of horses only under direct supervision or with permission from the CTRC staff
7. Provides assistance whenever possible in fund raising activities
8. Encourages and maintains a mature, supportive demeanor with clients, riders and staff
9. Maintains client confidentiality
10. Through dress, demeanor and attitude, reflects the high level of professionalism that is an integral part of CTRC's mission

RESPONSIBILITIES FOR MOUNTING OR DISMOUNTING

A LEADER - Stands directly in front of the horse's head. Avoid the temptation to talk to the rider and/or sidewalkers while mounting or dismounting. The rider or sidewalkers may get confused. When you halt for more than a few seconds, stand in front of the horse loosely holding the lead or reins. Do not put your thumbs through the bit or halter rings; they could be broken with the toss of the horse's head. This also applies when heading in the arena during the lesson. After rider is securely mounted, leader then walks on and controls the horse in accordance with the rider's ability.

OFFSIDE PERSON - Stands very close to the right side of the horse ready to assist the rider mounting. This person becomes the right-hand sidewalker as soon as the horse moves.

NEAR SIDE PERSON - Assists the therapist or instructor, as directed, to mount the rider from the ground or block. This person becomes the left-hand sidewalker unless otherwise instructed by the therapist or instructor.

INSTRUCTOR OR THERAPIST - Directly controls mounting/dismounting. When a wheelchair is involved, this procedure is referred to as a transfer. The therapist/instructor may also mount and become a backrider or take up the left sidewalking position. If the therapist/instructor is backriding, a volunteer must be ready to sidewalk.

VOLUNTEER RESPONSIBILITIES DURING A LESSON

Volunteers are an integral and invaluable part of a therapy team that includes the horse, the patient or rider, the therapist or instructor, the sidewalkers and leader. The horse is controlled by the horse leader or handler, the therapist or instructor directs and implements the treatment or lesson while the volunteers walk beside the horse and rider. Volunteers are commonly referred to as helpers, sidewalkers, or leaders.

A **sidewalker's** primary responsibility is to be continually aware of the safe and stable position of the rider or the therapist/instructor if the latter is backriding.

A **leader's** first responsibility is the horse but must also constantly be aware of the rider, instructor, and any potential hazards in or around the arena. In addition, considering the sidewalkers, making sure there is enough room along the fence and around obstacles for them to pass.

Sidewalkers need to be attentive to the rider at all times; however, conversations with the rider should only be at the direction of the instructor or therapist.

Sidewalkers must remain close enough to the rider to be able to prevent the rider from falling off or becoming grossly off-center. It's important to maintain a position by the rider's knee. Being too far forward or back will make it very difficult to assist with instructions or provide security if the horse should trip or shy.

During exercises or games, please pay attention to your student. Sometimes volunteers forget that the riders are to do the exercises and the sidewalkers are to reinforce and assist.

To maintain a safe treatment session or lesson, volunteers and staff should wear sturdy closed toe-closed heel shoes preferably boots. Long hair should be tied back. Clothing should be neat, not baggy, to prevent becoming tangled in equipment.

The ultimate goal for therapeutic riding is to encourage the rider to stretch and grow to be as accomplished as he/she can possibly be. You are right by his/her side, so help the instructor or therapist to challenge him/her to the best of his/her ability.

Without you, these programs couldn't exist. We thank you for all you give and challenge you to be the best you can be.

EMERGENCY INFORMATION

The instructor is in charge of any riding session emergencies.

NO ONE, including parents, is permitted in the arena or working area if an accident happens.

Anyone summoned into the arena will enter quietly.

Students are to remain in location at the halt unless otherwise instructed by the instructor.

No excessive noise or talking.

Please inform the staff if you are a doctor, nurse, fireman, policeman, etc.

First Aid Kits and emergency phone numbers are located in the following areas:

1. In the tack room
2. At the arena

In the case of emergency the therapist or instructor is in charge and the volunteer is required to follow their instructions. The instructor's primary responsibility is the rider; the greatest assistance a volunteer can provide is to stay calm until the situation is under control. Emergency dismounts will be practiced regularly to familiarize volunteers with the procedure.

EARTHQUAKE/FIRE: The instructor will call HALT! Leaders: stand in front of the horse; face the horse; stroke the horse's neck; speak calmly.

Sidewalkers will assist the dismounting of riders and accompany riders outside the arena fencing to await further instructions.

Leaders will stay with the horses and await further instructions.

GENERAL INFORMATION

What to Wear:

Dress comfortably for working outdoors. Your shoes will need to offer support for walking in sand and be sturdy enough to provide protection for working around horses, close toe/close heel. You may want to wear sunglasses, a visor or a hat. Sunscreen is also a good idea. Please no dangling earrings. Shorts are OK, but not too short. Conservative tank tops are also OK. Please do not wear low-cut tops or tops that expose the midriff. This will distract the attention of some of the riders. If it's a hot day, you may also want to bring additional water.

Cancellations:

You are a very important part of our program. No volunteers equal no lessons. Do your best to honor your commitment. If circumstances prevent you from coming at your regularly scheduled time, please notify us as soon as possible at 760-788-2872. The earlier you can advise us, the more chance we have to find a substitute.

In the case of inclement weather, please call ahead to see if we are having lessons. It can be pouring rain in the foothills and be clear below. The same goes for high winds or temperatures.

If for any reason you will no longer be volunteering, it is appreciated if you call to advise us so that our records can be kept current.



EMERGENCY AND SAFETY POLICIES AND PROCEDURES

Natural Hazards Specific to Site

Interpretation: Presence of poisonous snakes, stray dogs/animals at facility, poisonous spiders, insect bites, illness.

I. Procedure - Poisonous Snakes/Snake bites

A. If a snake is spotted on or near the facility grounds, have all participants move away from the area indicated. Notify a staff member.

B. In case of a snake bite follow the standard procedure as deemed by the American Red Cross.

1. Alert staff. Call 911.
2. Wash wound, immobilize injured area, keeping the bitten area lower than the heart.
3. Keep the victim calm, do not apply a tourniquet, ice, or cut into the wound!
4. If the victim displays difficulty breathing or complains of itching and thickness of the tongue, he/she may be having an allergic reaction. Be prepared to initiate the ABCs (Airway, Breathing, Circulation) of emergency action.
5. Notify parent or specified person.
6. Fill out incident report.

II. Procedure - Stray dogs/animals on facility grounds

A. Sighting stray animal on facility grounds

1. Do not pet or feed any stray animal on site
2. Keep participants away from stray animals.
3. Call animal control.
4. Alert staff.

B. If the animal bites any participant, try to move the person away from the animal without endangering any other people. Do not try to stop or hold animal.

1. Wash the area with soap and water and control any bleeding
2. Seek medical attention
3. If the wound is bleeding profusely, control the bleeding first, do not clean the wound. Call 911.
4. Call Animal Control.
5. Fill out incident report.

III. Procedure - Black Widow/Brown Recluse spiders

A. Sighting poisonous spiders

1. Alert all staff of spiders and their location and keep all participants away from the site.
2. Staff will remove spiders using gloves and spider repellent.
3. Staff will remove nest and dead spider and dispose.

B. Bites and stings from poisonous insects

1. Wash the area and apply a cold pack/ice to the site.

2. Call 911 if you think the person is having an allergic reaction
3. Fill out incident report

IV. Procedure - Insect stings/Scorpions/Bees

A. Remove stinger by using a scraping motion

1. Wash site with soap and water, cover to keep clean, apply cold pack/ice to reduce pain and swelling.
2. Watch for signs of allergic reaction, swelling of the tongue/itching
3. Call 911
4. Be prepared to initiate the ABCs of Emergency Action
5. Fill out the incident report

V. Procedure - Heat related illness (heat cramps, heat exhaustion, heat stroke)

A. Heat cramps are painful muscle spasms. Have the victim stop what they are doing and rest in a cool place. Spasms usually occur in the legs and abdomen.

1. Give cool (not cold) water or commercial sport drink.
2. When cramps stop, the person can usually resume activity again if there is no other sign of illness.
3. Continue to drink fluids, watch victim carefully for further signs of heat related illness.

B. Heat exhaustion may start with nausea, headache, dizziness, weakness, and exhaustion.

1. Move victim to a cool place, have him/her lie down, apply a cool wet cloth to forehead, give water or commercial sport drink.
2. If victim starts to vomit, refuses to take water or starts to lose consciousness, call 911.
3. Victim should not resume any activity that day.
4. Fill out incident report.

C. Heat stroke may start with hot, red, dry skin, changes in consciousness, rapid shallow breathing, weak pulse and/or vomiting.

1. Move victim to a cool place, apply cool cloths to skin
2. Call 911
3. Loosen tight clothing, lay victim flat, and elevate legs 8-12 inches.
4. Cool body with ice packs, place on the victim's wrists, ankles, groin, armpits, and neck. Keep the victim cool until help arrives.
5. Be prepared to initiate the ABCs of Emergency Action
6. Fill out the incident report.

Man-made Hazards Specific to Site

Interpretation: Construction activities on site

I. Procedure - Construction activities on site during therapeutic riding sessions.

A. Construction activities should not be scheduled on days when therapeutic riding lessons are scheduled. If this cannot be arranged the following procedures will be observed.

B. If construction activity is in anyway disturbing the horses, then lessons will be canceled.

C. If construction activities are taking place during therapeutic riding lessons, keep all participants and horses away from the construction activity.

Operation of Facilities and Equipment

I. Procedure - Faulty Equipment

- A.** Any faulty equipment (tack or tools) will be brought to the attention of the program manager.
- B.** Faulty equipment will not be used until safe repair has been made.

Disasters - Fire and Earthquake

I. Procedure - Fire started on site

- A.** A staff member will call 911 and report the situation and exact location. If staff person cannot be found, call 911.
- B.** Other staff members will access and direct the emergency equipment and supplies. Staff will direct volunteers, visitors, and riders to a safe area. The staff in charge will decide where and when the horses and other animals will be brought for safety.

II. Procedure - Fire near site

- A.** Call 911 and tell them your situation and exact location of the fire and smoke you may have sighted.
- B.** If fire becomes threatening during lesson time, dismount riders - put horses in their stalls. Students will be dismissed to their families and sent home.
- C.** Ask staff and volunteers to stay and help prepare for a possible evacuation. All other volunteers and non-essential persons will be asked to leave the premises.
 - 1. Staff and volunteers will put halters on all horses and leave the lead rope hanging on the stall gate. They will write the CTRC phone # (760-500-6718) with indelible marker on one hoof of each horse.
 - 2. Appoint one or two people to gather water buckets and bales of hay in case the horses are evacuated.
- D.** Have all personnel prepared to make an emergency evacuation with the horses.

III. Procedure - Earthquake during lesson time

- A.** If an earthquake occurs during lesson time in the arena, take the rider off of the horse and exit the arena immediately.
- B.** STAY CALM! Horse leaders stay with the horse, talk to them in a calm voice and follow the instructions given by the instructor.
- C.** If people are in the barn area, immediately exit toward the arena gate (away from building and trees).
- D.** 6 Basics to do after an earthquake:
 - 1. Check for gas, water, sewage breaks, downed electric lines and shorts; turn off appropriate utilities.
 - 2. Check for injuries - provide first aid
 - 3. Clean up dangerous spills

4. Wear shoes to protect from broken glass.
5. Turn on radio and listen for instructions.
6. Don't use the telephone except for emergency use.

Hazards specific to the use of equines

Interpretation: Riders fall from horse, loose horse, horse health emergencies, horse biting, horse kicking, and death of horse.

I. Procedure - Injury from a horse or an injury to a horse

- A.** If a student falls from a horse, stop all activity and have all students stop their horses. Attend to the fallen student by securing the horse away from the student. Assess the student's condition for injuries and apply first aid or call for emergency medical care 911. Fill out an incident report
- B.** If a horse should become loose, close all gates and have any people in close proximity clear the area. Notify a staff person or trained volunteer to capture the horse with as little upset as possible and have the horse brought back to its pasture or stall. Do NOT run after a loose horse; if necessary, follow at a walk.
- C.** Horse biting will be brought to the attention of a staff person. Apply ice to the affected area if the skin has not been broken. If the skin is broken, follow first aid treatment for open wounds. Fill out an incident report.
- D.** If a horse kicks around people during lesson time, the horse will be removed from the lesson and placed in his/her stall until an instructor is able to evaluate the horse to see any cause for bad behavior (injury, sore), the same evaluation will be done in the case of biting. Fill out an incident report.
- E.** If a horse should die at the facility, cover the horse with canvas or plastic tarp until removal is possible.
- F.** Any horse emergency should be referred to East County Large Animal Practice at 619-561-4661.

Conduct of Personnel and Participation

Interpretation: Conduct of personnel and participants may include abusive or inappropriate behavior towards other, failure to follow established safety procedures, incidents due to the use of alcohol or drugs, and allegations of mistreatment/abuse of any animal on facility grounds.

I. Procedure - Inappropriate or abusive behavior towards other participants

- A.** Abusive or rude behavior will not be tolerated on facility grounds. Any participant not behaving appropriately will be asked to vacate the grounds immediately. This includes talking rudely to another person, using foul language, hitting or slapping another person, touching another person in an unkind way, or any other action deemed inappropriate.

II. Procedure- The inappropriate use of drugs or alcohol will not be allowed on facility grounds. If a person is violent, call 911.

III. Procedure- Abuse of equines and other animals belonging or leased to the facility.

- A.** There will be no mistreatment of any animals for any reason. Any corrective training for poor

animal behavior will be done by a trained instructor. No animal will be hit, kicked by hand or any instrument at any time. Any person who violates this procedure will be subject to being prosecuted by legal action as written in the State of California Code of Animal Rights.

Safety during scheduled off-site events

Interpretation: Off site demonstrations, competitions, parades

I. Procedure - Off site visiting

- A.** There will be an appointed staff person from CTRC in charge during an event.
- B.** Staff will have appropriate supervision per student ration as deemed by the instructor.
- C.** Staff will give each rider event information with authorization to participate.



RELEASE AND HOLD HARMLESS AGREEMENT

Cornerstone Therapeutic Riding Center (CRTC) provides therapeutic horseback riding for people with disabilities. Horseback riding is a risk exercise, so volunteers and horses are carefully selected and trained and safety equipment is required for all riders.

No student will be accepted for riding instruction and no volunteer, participants accepted for service until this form has been **READ, UNDERSTOOD, COMPLETED AND SIGNED** by the parent(s) or guardian(s) of a minor or by the student or volunteer if of legal age and sound mind.

Although participation in the **CRTC** program is under strict supervision and every effort is made to avoid injury or accident, the undersigned acknowledges the inherent risks involved in riding and working around horses, including bodily injury from riding or being in close proximity to horses, among other risks, and further that both horse and rider can be injured in normal use, or in competition and schooling. In order to provide this valuable service, **NO LIABILITY** can be accepted by the **CRTC** program or any of the organizations or persons connected with the above-named facility.

IN CONSIDERATION for the privilege of riding and/or working around horses at the **CRTC** program, the undersigned, as self or as parent or guardian of a minor participating in the program, jointly and severally do hereby agree to release, hold harmless and indemnify the **CRTC** program, its officers, directors, trustees, agents, employees, representatives, successors and assigns, Creek Hollow Ranch and Colleen Burman, from all manner of liability, loss, costs, claims, demands and damages of every kind and nature whatsoever, including, but not limited to reasonable attorneys' fees, which the undersigned or said minor may now or in the future have against the **CRTC** program, its officers, directors, trustees, agents, employees, representatives, successors and assigns, on account any accident, damage, injury or illness, physical or mental condition, known or unknown, to the undersigned or said minor, or the treatment thereof, arising as a result of, or in any way connected to acts or incidents occurring at or relating to the **CRTC** program, its officers, directors, trustees, agents, employees, representatives, successors and assigns, Creek Hollow Ranch and Colleen Burman, including but not limited to their negligence or gross negligence in rendering services described above or in any way incidental thereto.

The undersigned further agrees to use only those facilities of Creek Hollow Ranch set aside for use by **CRTC**, and to stay away from the Creek Hollow Ranch horses and other property, unless accompanied by authorized **CRTC** personnel.

PARTICIPANT NAME (PLEASE PRINT)

PARENT/ GUARDIAN NAME (PLEASE PRINT)

RELATIONSHIP TO PARTICIPANT

SIGNEE'S ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE: PARENT OR LEGAL GUARDIAN

DATE



Volunteer Authorization for Emergency Medical Treatment Form

In the event emergency treatment/medical aid is required due to illness or injury during the process of providing services, or while being on the property of the agency, I authorize the Cornerstone Therapeutic Riding Center to:

1. Secure and retain medical treatment and transportation if needed.
2. Release participant records upon request to the authorized individual or agency involved in the medical emergency treatment.

Volunteer's Name: _____ Phone: _____
Address: _____ City: _____ Zip: _____
Allergies: _____

In the event I cannot be reached,

Contact: _____ Phone: _____
Contact: _____ Phone: _____

Physician's Name: _____
Preferred Medical Facility: _____
Health Insurance Co.: _____ Policy #: _____

Consent Plan

This authorization includes x-rays, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by a physician. This provision will only be invoked if the person is unable to be reached.

Date: _____ Consent Signature: _____

Volunteer, Parent or Guardian (if under 18): _____

Print name: _____

Home Phone: _____ Work: _____ Cell: _____

Address: _____ City: _____ Zip: _____

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 Guardian (if under 18): _____

Print Name: _____

Home Phone: _____ Work: _____ Cell: _____

Address: _____ City: _____ Zip: _____



VOLUNTEER/STAFF INFORMATION FORM AND HEALTH HISTORY

General Information

Name: _____ Date: _____

Phone: (H) _____ (Work) _____ (Cell) _____

Email: _____ Date of Birth: _____

Employer/School: _____

Address: _____ City: _____ Zip: _____

Parent/Legal Guardian/Caregiver Name /Address/Phone Number (if under 18):

How did you learn about the program?

Recent medical tests: Last Tetanus Shot: _____ Tuberculosis Test (+/ -) Date: _____
(Consult your physician or local health department 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 assisted program. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries, or lifestyle changes.

Allergies:

Medications:

VOLUNTEER/STAFF INFORMATION FORM AND HEALTH HISTORY - PAGE 2

Name: _____
Address: _____
Phone: _____ Date of Birth: _____

Check which areas you are interested in:

- | | | |
|---|---|--|
| <u>Program</u> | <u>Special Events</u> | <u>Administration</u> |
| <input type="checkbox"/> Horse Handling | <input type="checkbox"/> Horse Show | <input type="checkbox"/> Photography/Video <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Sidewalking with a Student | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Budget & Finance <input type="checkbox"/> Grant Writing |
| <input type="checkbox"/> Stable Management | <input type="checkbox"/> Special Olympics | <input type="checkbox"/> Newsletter Future Planning |
| <input type="checkbox"/> Facility Repairs | <input type="checkbox"/> Trail Rides | <input type="checkbox"/> Volunteer Recruitment |

I understand 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: _____
(volunteer/staff/caregiver)

I have received, read, understand, and will abide by the **Safety Regulations and Emergency Procedures** CTRC provided.

Signature: _____ Date: _____

Photo Release

- I DO I DO NOT

consent to and authorize the use and reproduction by Cornerstone Therapeutic Riding 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; please explain

I, _____ (volunteer/staff), authorize Cornerstone Therapeutic Riding 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 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 an employee/volunteer, and that I expressly DO NOT authorize Cornerstone Therapeutic Riding 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: _____
(volunteer/staff)

Current Driver's License: (Y / N) License Number: _____ State: _____

Confidentiality Agreement

I understand that all information (written and verbal) about participants at CTRC 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: _____