



Heritage Christian Stables
Operated by Heritage Christian Services
PO Box 200
Webster, NY 14580
585-872-2540
Fax: 585-872-4847
www.heritagechristianstables.org

Dear Prospective Volunteers,

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

Heritage Christian Stables 2016 Riding Sessions

Session	Session Dates	Session Length
Snow Bunny	January 4 - February 13, 2016	6 weeks
Winter Classic	February 22 – April 16, 2016	8 weeks
Spring	April 25 – July 2, 2016	10 weeks
Summer	July 11 – September 3, 2016	8 weeks
Fall	September 12 – December 3, 2016	12 weeks
December activities	TBA	

Therapeutic Riding is offered in five sessions throughout the year and volunteers may choose to participate in any or all of the sessions. Orientation, Introductory, Focused Training, and Update Sessions are provided throughout the year. Please call the Stables at 585-872-2540, email Lorrie Renker at Lrenker@heritagechristianservices.org or check our Heritage Christian Stables Therapeutic Riding Facebook page to learn more about our training dates and topics.

Prior to volunteering, the volunteer packet of information must be completed. Please download the packet from our website: www.heritagechristianstables.org or contact Heritage Christian Stables.

Directions: Heritage Christian Stables is located at 1103 Salt Road, Webster, NY 14580

Heritage Christian Stables is looking forward to a great 2016 season.



Heritage Christian Stables

Volunteer Schedule Form

New Volunteer _____ Continuing Volunteer _____ Year _____

(Please circle one) Snow Bunny Winter Classic Spring Summer Fall

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Email _____

Cell Phone _____ Can we text you? Yes _____ No _____

If unable to email or text, what is best way to contact you? _____

To help schedule lessons, please

- Circle all the times that you can volunteer V and all the times you can sub S.
- Circle neither if you cannot volunteer nor sub at that time.

Checking all options does not mean that you would volunteer at all those times, but gives more flexibility in scheduling. You will be contacted to confirm your times. Thank You!

Are you interested in volunteering in back-to-back lessons? Yes _____ No _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
10:00-11:00	V S	V S	V S	V S	V S	V S
11:15-12:15	V S	V S	V S	V S	V S	V S
1:30-2:30	V S	V S	V S	V S	V S	V S
2:45-3:45	V S	V S	V S	V S	V S	V S
4:15-5:15	V S	V S	V S	V S	V S	V S
5:45-6:45	V S	V S	V S	V S	V S	XXXXXX
7:00-8:00	V S	V S	V S	V S	V S	XXXXXX

Please return to: Heritage Christian Stables, PO Box 200, Webster, NY 14580

Fax: 585-872-4847

Questions?: Heritage Christian Stables at 585-872-2540



Heritage Christian Stables

Volunteer Application Form and Health History

Name _____ Date _____

Address _____
Street/ PO Box City State Zip

Employer / School _____

Work Address _____

Phone (H) _____ Phone (W) _____ Email _____

Date of Birth _____ Best Time to Reach You _____

Parent / Legal Guardian Name and Address _____

How did you learn about HC Stables Therapeutic Riding? _____

Previous volunteer experience with therapeutic riding _____

Previous horse experience _____

Previous experience working with people with disabilities _____

Can you walk for an hour and jog for short distances ? Yes _____ No _____

If no, please explain _____

Please indicate three references, other than relatives, who can vouch for your character

Name _____ Phone _____

Street _____ City _____ State _____ Zip _____

E-Mail Address _____

Name _____ Phone _____

Street _____ City _____ State _____ Zip _____

E-Mail Address _____

Name _____ Phone _____

Street _____ City _____ State _____ Zip _____

E-Mail Address _____

Background Information

Have you ever been charged with or convicted of a crime? Yes _____ No _____

If yes, please explain



Heritage Christian Stables Authorization for Emergency Medical Treatment Form

Participant

Staff

Volunteer

Name _____

Address _____

Street / PO Box

City

State

Zip

Telephone _____ DOB _____

Physician's Name _____ Medical Facility _____

Health Insurance Company _____ Policy # _____

Allergies to Medications _____

Current Medications _____

In the event of an emergency, contact:

Name _____ Relation _____ Phone _____

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 Heritage Christian Services / Stables 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 _____

Legal guardian



Heritage Christian Stables

Release and Hold Harmless Agreement

Volunteer Liability Release

As a volunteer at the Heritage Christian Services / Stables, I can acknowledge the risks and potential for risks of a horseback riding program. However, I feel that the possible benefits to myself, and the clients I work with are greater than the risks assumed. I hereby, intend to be legally bound, for damages against Heritage Christian Services, Inc., its Board of Directors, instructors, therapists, volunteers and/or employees for any and all injuries and/or loss I may sustain while participating in Heritage Christian Services / Stables.

Name of Participant _____

Signature _____ Date _____

Legal guardian

Photo Release

- I DO
 DO NOT

Consent to and authorize the use and reproduction by Heritage Christian Services, Heritage Christian Stables, and its representatives, of any and all photographs and any other audiovisual materials taken of me/my child for promotional material, educational activities, exhibitions or for any other use for the benefit of Heritage Christian Stables and Heritage Christian Services, including use on the Heritage Christian Stables' Facebook page.

I understand that I may revoke this authorization at any time by a signed, dated notice to Heritage Christian Stables. I further understand that any such revocation does not apply to the extent that persons authorized to use my information may have already acted in reliance on this authorization.

Signature _____ Date _____

Legal guardian

Confidentiality Agreement

I understand the confidential nature of all records maintained by Heritage Christian Stables and I agree not to disclose or divulge any information contained in these records.

Signature _____ Date _____