



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 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. Looking forward to a fantastic 2019 year!
 Thank you!

Heritage Christian Stables 2019 Riding Sessions

Session	Session Dates	Session Length
Snow Bunny	January 7 - February 16, 2019	6 weeks
Winter Classic	February 25 – April 20, 2019	8 weeks
Spring	April 29 – June 29, 2019	9 weeks
Summer	July 8 – August 31, 2019	8 weeks
Fall	September 9 - November 30, 2019	12 weeks
December activities	TBA	

Horse Show: TBD

Therapeutic Riding is offered in five sessions throughout the year and volunteers may choose to participate in any or all of the sessions. An Online Orientation, Introductory, Focused Trainings, and Update Sessions are provided throughout the year. Please call the Stables at 585-872-2540, email Volunteer Coordinator at volunteerhcs@gmail.com 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.

Physical Address: Heritage Christian Stables is located on 1103 Salt Road, Webster, NY 14580

Mailing Address: PO Box 200, Webster, NY 14580 - stamp price for packet is \$.75

Heritage Christian Stables is looking forward to a great 2017 season.

**** Please retain this form for your records. ****



Heritage Christian Stables Authorization for Emergency Medical Treatment Form

Name _____

Address _____
Street / PO Box City State Zip

Home Phone _____ DOB _____

Cell Phone _____ Email _____ Can we text
you? Yes ___ No ___ If unable to email or text, what is best way to contact you? _____

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

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

Email: volunteerhcs@gmail.com Fax: 585-872-4847

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



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 _____

Self or 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 _____

Self or 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 _____

Self

Volunteer Education Documentation

I have reviewed the included materials for the Volunteer Education Documentation Information:

Print Name

Signature

Date