



P.O. Box 56 Bridgeville, PA 15017

Welcome to the Horses with Hope Therapeutic Riding Volunteer Program!

We are happy to see new faces coming out to help our special riders and we cannot help them without you, so welcome!
We are confident it will be a rewarding experience for you!

There is no need to be horse savvy, just a love for individuals with special needs. Side walkers are there for the rider's safety and to assist the rider in completing the instructions given to them. The sessions are 45 minutes long and can include a light trot.

Please complete and submit the following 5 forms:

**Volunteer Information Form - Release and Hold Harmless - Authorization for Emergency Medical Treatment
Confidentiality Policy - Covid-19 Liability Waiver**

January - May 2023 sessions are offered at:

6235 Brush Run Rd, Bethel Park, PA 15102

Parking is limited at Brush Run with 6 parking spots for volunteers. If those are full, you can park in the circular driveway to the left, which is the **large** white house. **Do not park in front of the brown building (reserved for riders) or on the side of the small white house. The exception is for the volunteer training day where you may park in front of the brown building.**

June - October 2023 sessions are offered at:

Gilfillan Farm, 130 Orr Rd (between Westminster Church and the garden), Upper St Clair, PA 15241

Parking at Gilfillan Farm is available in the Garden Lot, across the street from the church parking lot. After parking, walk through the gate and up the driveway in front of the farmhouse to the barn/lesson area.

Effective August 25, 2015, Pennsylvania State Law requires that EVERY person who volunteers and has direct contact with students have the necessary clearances on file with Horses with Hope. The clearances are:

- **Pennsylvania Child Abuse History Clearance (Act 151)** - <https://www.compass.state.pa.us/cwis>
- **Pennsylvania State Police Criminal Record Check (Act 34)** - <https://epatch.state.pa.us/>

The two Pennsylvania Clearances are free and must be updated every five years. EVERYONE 18 years and older who volunteers MUST have these clearances to volunteer.

SignUp.com is used for volunteer scheduling. **Send an email to kculphwh@gmail.com with your cell # and you will be added to our group email as well as SignUp.** You are free to sign up for any available session. **If you would have to cancel, please give us a minimum of 24 hours so that we can find someone for that spot.**

Please read the volunteer handbook and watch the training video provided on our website. We will hold an annual volunteer training class in early spring - Saturday, March 11th, 2023, from 10:30 am – 12:00 pm. Please use sign up to sign up for the event. You can bring your completed forms and your clearances with you to training, or you can mail them to: P.O. Box 56, Bridgeville, PA 15017. If training has passed, you can still volunteer, and we will do on-the-job training!

Weather cancellations will be communicated by text message and/or phone call.

Thanks so much for your interest, and we look forward to making a difference with you!

Anne Davis
Executive Director/Founder
Cell-412-932-6036
annehwh@gmail.com

Please Follow Us On Social Media



HWHTherapeuticRiding



horseswithhope.pgh



HorseswithHope1



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VOLUNTEER INFORMATION FORM

Name _____ Age _____
Parent or Guardian (if minor) _____
Address _____
City _____ State _____ Zip _____
Phone- Home _____ Cell _____
Date of Birth _____ Email _____

Volunteer Liability Release

As a volunteer for Horses with Hope, Inc. Discovery, Growth & Learning programs, I acknowledge the risks and potential risks of a horseback riding program and Equine Assisted Activities.

However, I feel that the possible benefits to myself and the clients I work with are greater than the risk I assume. 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 Horses with Hope, Inc. its Board of Directors, instructors, therapists, volunteers, and or employees for any injuries and/or losses I may sustain while participating in the Therapeutic Riding and Equine Assisted Activities conducted with Horses with Hope, Inc.

Date _____ Signature _____

Please check: New Volunteer _____ Returning Volunteer _____ Number of years w/HWH _____

What areas would you like to participate in? Barn Help – feeding, stalls, grounds _____

Riding Sessions _____ Community Activities _____ Administrative _____ Fundraising _____

Please list any allergies:

Horse Experience: YES or NO (Circle One) If yes, how many years? _____

Experience with Special Needs: YES or NO (Circle One)

Date of last tetanus shot _____

Photo Release (Optional)

I hereby consent to and authorize the use and reproduction by Horses with Hope, Inc. of any and all photographs and any other audio/visual materials taken of my son/daughter for promotional printed material, educational activities, or any other use for the benefit of the program.

Date: _____ Signature: _____ (Parent/Guardian if minor)

I have read the Volunteer Handbook and watched the Training video located on the website. _____

Initial here



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Authorization for Emergency Medical Treatment

Participant _____ Volunteer _____ Staff _____

Name _____ Date of Birth _____

Address _____

City _____ State ____ Zip Code _____

Phone H/ _____ Cell _____

Parent/Guardian _____

Physicians Name _____

Hospital Preference _____

Health Insurance Co _____ 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 of emergency medical aid/treatment is required due to illness or injury, during the process of receiving services while being on the property of the agency, I authorize Horses with Hope to:
Secure and retain medical treatment and transportation if needed.
Release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

Consent Plan: Authorization includes x-ray, surgery, hospitalization, medication and any treatment deemed “life saving” by the physician. This provision will only be invoked if the persons above are unable to be reached.

Date: _____ Consent Signature: _____

Non-Consent Plan: I do not give consent for emergency medical treatment/aid in case of injury or illness while on the property of the agents. In the event emergency treatment/aid is required, I wish the following procedures to take place:

Date: _____ Signature: _____



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RELEASE AND HOLD HARMLESS AGREEMENT

Participant Name: _____ Age: _____
Address: _____
City/State: _____ Zip: _____
Home Phone: _____ Business Phone: _____ Other: _____

Inherent Risks of Equine Activities

Anyone who participate in any kind of activities on or about horses, including riding, training, assisting in medical treatment of horses, driving or being a passenger on a horse, or assisting a participant in a horse show or assisting show management, but does not include merely being a spectator to an equine activity, is considered to be engaged in an equine activity.

(1) the propensity of horses to behave in ways that may result in injury, harm, or death to persons on or around them; (2) the unpredictability of a horse's reaction to such things as sounds, sudden movement, and unfamiliar objects, persons, or other animals; (3) certain hazards such as surface and subsurface conditions; (4) collisions with other horses or objects; (5) the potential of a participant to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the animal or not acting within his or her ability.

Acknowledgement of Risk

I, _____, acknowledge that I have read the above statements and definitions, and hereby indemnify and hold harmless, Horses with Hope, and their employees or owners from any liability arising from accident, injury, theft, or damages to myself, my representatives, and helpers, all equipment and property, and all animals under my jurisdiction. I understand that I must wear a helmet, secured with a harness, at all times when participating in an Equine Assisted Activity offered by Horses with Hope, Inc. I have been informed of Horses with Hope Barn Rules and Policies and Procedures and will adhere to them strictly. This agreement shall continue for each and every visit to participate in an Equine Assisted Activity offered by Horses with Hope, Inc.

The terms of this release form shall be construed as the entire agreement and may not be altered, amended, or modified except in writing and signed by both parties. The terms of this release shall be governed by the laws of the Commonwealth of Pennsylvania.

If under 18, the parent or guardian must read and sign the above, indicating his/her acceptance.

Date: _____ Signed: _____
(participant)

Date: _____ Signed: _____
(parent/guardian if minor)

Grant of Permission

I/we the undersigned, (participant above named for, if minor, parents/guardians) hereby grant permission and authority to Horses with Hope, its officers and authorized representatives to act for us in executing verbal instructions of if unable to contact us, to act for us in dealing with physicians, available ambulance companies and hospitals, to obtain prompt medical attention for the participant named above in the event of any perceived medical emergency. I hereby covenant and agree to release Horses with Hope, their officers, agents, and employee, and owners of any property concerned, and hold harmless from liability for any injury or damage which the rider may sustain while at _____, or participating in any activity sponsored by Horses with Hope and from any liability connected with obtaining prompt medical attention for the participant named above.

If under 18, the parent or guardian must read and sign the above, indicating his/her acceptance.

Date: _____ Signed: _____
(Participant)

Date: _____ Signed: _____
(Parent/Guardian; if minor)



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Confidentiality Policy

It is the policy of Horses with Hope to keep confidential all medical, social, referral, personal, and financial information regarding participants, volunteers and staff and his/her family. This information will not be shared or disclosed to individuals outside the operation of this center without the express written permission given by the individual concerned.

It is understood by all the individuals working or volunteering at this center that this code of confidentiality will be maintained and adhered to in order to protect the privacy and personal dignity of all individuals associated with the day to day operations of this center.

Confidential information may be shared between this centers staff and volunteers in cases where it will assist in the planning and implementation for the equestrian lesson.

Violation of this policy by anyone involved at Horses with Hope can result in immediate expulsion from all activities at the center, as determined by the program director and the board of directors.

I understand and will observe the confidentiality policy of Horses with Hope, Inc.

Signature (parent/guardian signature if under 18 yrs) Date

HORSES WITH HOPE

ACKNOWLEDGMENT & ASSUMPTION OF RISK, RELEASE OF LIABILITY AND WAIVER OF CLAIMS

ACKNOWLEDGMENT OF RISKS:

I recognize that there are inherent risks of danger in engaging in the riding of a horse which may result in serious injury or death to me and to others. The Risks include but are not limited to 1) Falls; 2) Equipment failure, including saddle assembly and its associated ropes and other means by which is it secured. I also acknowledge that certain foreseeable and unforeseeable events can contribute to the unpredictability of riding a horse in close proximity to others including sidewalkers that could potentially expose myself to COVID-19.

EXPRESS ASSUMPTION OF RISKS AND RESPONSIBILITY:

In recognition of the inherent risks of my engaging in Equine therapy, I assume full responsibility for injuries (including death) and all other damages and losses to me and to others which arise out of, or are related to, my riding of a horse.

RELEASE OF LIABILITY:

In consideration of my engaging in Equine therapy, I, _____, for myself, my heirs, personal representatives and assigns, do hereby release and discharge: Horses With Hope, as well as each of their respective employees, attorneys, principals, directors, officers, agents, affiliates, insurers, successors, assigns, heirs, executors and administrators from all liability for all injuries (including death) and other losses and damages, demands, actions, causes of action or suits at law or in equity, of whatsoever kind or nature resulting from, or to result from my engaging in Equine therapy.

WAIVER:

As further consideration for my engaging in Equine therapy, I for myself, my heirs, personal representatives and assigns, do hereby waive all claims for injuries (including death) and all other claims for all other losses and damages, demands, actions, causes of action or suits at law or in equity, of whatsoever kind or nature against Horses With Hope and their respective employees, attorneys, principals, directors, officers, agents, affiliates, volunteers, insurers, successors, assigns, heirs, executors and administrators which claims and losses, result from, arise out of or relate to my engaging in Equine therapy.

I have read, understand and accept the terms of the foregoing Acknowledgment of Risks, Express Assumption of Risks and Responsibility, Release of Liability and Waiver.

Date: _____

Signature

Printed Name

Horses with Hope

Barn Rules

*These rules have been designed to keep both people and animals safe.

*While horses are loving animals, they are still very large and can be unpredictable. Stay alert when working around horses. Please be mindful of anything that may spook or scare a horse, such as sudden movements or loud noises.

1. Children must be supervised at all times.
2. Regular barn hours are 8:00 AM- 8:30 PM.
3. Watch for animals and people as you enter the arena area.
4. No running.
5. Absolutely no smoking or vapor while on the property (including the parking lot).
6. All people entering the property must have a signed release form, available on www.horseswithhope.org
7. Helmets must be worn at all times while working with horses in the arena.
8. All tack and grooming supplies must be put away neatly in designated areas.
9. Please remove all debris and manure from your horse. (anywhere on the property)
10. No open-toed shoes permitted.
11. Horse treats may not be given without permission from the owner.
12. Do not enter the arena without asking.
13. No pets are allowed on the premises.
14. Sessions may be observed from designated areas ONLY. Please do not enter the arena or sensory trail area pathways

*If you have any questions about anything, just ask!
We want you to have fun and be safe.