



Compassionate Friends Therapeutic Riding Center

40 Cooper Tomlinson Road
Medford, NJ 08055
(609) 320-5363
Fax (609) 953-4393
Email: sbriggs@cftrc.org

Welcome Packet

Dear Volunteer,

Compassionate Friends Therapeutic Riding Center (CFTRC) would like to thank you for the interest you have shown in volunteering with our program. We are excited about the prospect of working with you!

CFTRC is a nonprofit organization. Our mission, with help from the community, is to strengthen the body, mind and spirit of each person while fostering independence in a safe environment. Our program uses horses to provide therapeutic benefits to individuals with physical, mental, emotional, behavior and learning disabilities.

To volunteer with our program, please read, complete and return the following documents.

- Volunteer Information Form and Health History
- Program Policies and Practices - please read & sign acknowledgement
- Volunteer's Authorization for Emergency Medical Treatment Form
- Volunteer's Consent and Release Form

If you have any questions please don't hesitate to call.

Sincerely,

Sherri Briggs

President and Program Director

Compassionate Friends Therapeutic Riding Center



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Is a PATH registered
Therapeutic Riding Center Member



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Volunteer Application and Health History Form

Name: _____ Date: _____

Address: _____

Date of Birth: _____ Home Phone: _____ Cell Phone: _____

E-mail address: _____

Employer/School: _____

Address: _____

Parent/Legal Guardian/Caregiver: _____

Address: _____ Phone: _____

How did you learn about CFTRC? _____

Recent medical tests: Last Tetanus Shot: _____ Tuberculosis Test + — Date: _____

Please consult your physician or local health department if you are not up to date with these shots/tests.

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: _____

Check which areas you area interested in:

- Program Special Events Administration Horse Handling Horse Show Public Relations Fundraising
- Photography/Video Side Walking Grant Writing Budget & Finance Special Olympics Trail Rides
- Stable Management Newsletter Future Planning Facility Repairs Volunteer Recruitment Social Media

Please indicate when you are available to volunteer:

I am available: TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

Time of Day: _____ _____ _____ _____ _____

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 CFTRC's program.

Signature _____



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Volunteer's Authorization for Emergency Medical Treatment Form

Physician's Name/Phone: _____ Preferred Medical Facility: _____

Health Insurance Company: _____ Policy #: _____

Allergies to medications: _____

Current medications: _____

In the event of an emergency, contact:

Name: _____ Relation: _____ Cell phone: _____

Name: _____ Relation: _____ Cell phone: _____

Name: _____ Relation: _____ Cell phone: _____

Consent Plan

In the event emergency medical aid / treatment is required due to illness or injury during a volunteering session, or while being on the property, I authorize Compassionate Friends Therapeutic Riding Center to:

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

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.

Signature of Volunteer/Parent/Guardian: _____ Date _____



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Program Policies and Practices

Attendance: Weekly notification of lessons and events is communicated by text message. Please respond if you are able to volunteer or attend. Absent notification, the program will schedule lessons and events anticipating your participation.

Timeliness: Lessons that start late result in a loss of valuable riding time. Please arrive on time and prepared to participate.

Cancellation: Lessons can be cancelled due to weather or for other reasons, as determined by the program. Volunteers will be contacted immediately upon the decision to cancel lessons.

Attire: Volunteers should dress for the weather. Jackets and gloves are required for cold weather, as our indoor arena is not heated. Long hair should be tied back and dangling jewelry not worn. Clogs or sandals are not permitted around the horses.

1. Safety is our highest priority. Please observe all posted signs. Authorized individuals only on mounting block and ramp.
2. Confidentiality is also important. Private information regarding our staff, students, volunteers, visitors, families and our farm should be treated as confidential.
3. A parent/guardian, caregiver, instructor or volunteer must accompany students at all times. Please hold the hand of smaller children around our horses.
4. If you do not drive, please confirm a ride home before volunteering.
5. Non-riding children are welcome to watch our students, however they are not permitted in areas where instruction is provided.
6. Volunteers are encouraged to bring water and light snacks as needed.
7. Please refrain from offering food to students without permission, they may have a medical condition.
8. Any conflicts should be handled immediately between the parties involved and staff. Please contact the Program Director if concerns are not being addressed or resolved.
9. The speed limit at Seafrá Farm is 5 mph. Please be aware of our animals.
10. Smoking, alcohol or illegal substances are not permitted anywhere on our farm.
11. For everyone's safety, please make sure cell phones are left behind or turned off. Unexpected noises may startle our horses.
12. Please leave pets at home.
13. Please behave calmly around our horses. Soft voices only and no running.
14. Do not feed the horses or other animals, as hand feeding encourages biting. It is also important for the horses' health that we monitor everything they eat. Horse treats are only distributed by staff.
15. Remember to tidy up after yourself. This helps to keep our farm safe, neat and clean.

I have read and understand all the CFTRC Program Policies and Practices as stated.

Signature of Parent/Guardian: _____ Date: _____

Thank you!



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Volunteer Consent and Release Form

Name _____ Minor Volunteer Yes No

Name(s) of parent/guardian of minor volunteer _____

I consent to and authorize the use and reproduction by Compassionate Friends Therapeutic Riding Center (CFTRC) of any and all photographs and any other audio/visual materials taken of the student for promotional material, educational activities, exhibitions, social media or for any other use for the benefit of the program.

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

I authorize Compassionate Friends Therapeutic Riding Center to receive information from any law enforcement agency, including police departments and sheriff's departments, of this state or an 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 an application as a volunteer; and that I expressly do not authorize CFTRC, its directors, officers, employees or other volunteers to disseminate this information in any way to any other individual, group, agency, organization or corporation.

Current driver's license number: _____ State: _____

I understand that all information (written and verbal) about students at CFTRC is confidential and will not be shared with anyone without the expressed written consent of the student and their parent/guardian in the case of a minor.

I assume all risks and hazards incidental to participation in any and all activities of Compassionate Friends Therapeutic Riding Center, including transportation to and from activities and I hereby waive, release, absolve, indemnify and agree to hold harmless the organizers, sponsors, supervisors, participants, corporation, its members, the premises, equipment manufacturers and persons who may transport me to and from Compassionate Friends Therapeutic Riding Center activities. I realize and have been informed that falls are common and that injuries can result. I accept the hazards of participation

Volunteer or Parent/Guardian of minor: _____ Date _____



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