

Saddles of Joy Inc.

2749 West County 14th Street 🐾 Yuma, AZ 85365

saddlesofjoyinc.org



Volunteer and Community Service Application Packet

Hours of Operation

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
7am-11am	7am-11am	7am-11am	7am-11am	7am-11am	7am-1pm	closed*
3pm-6pm	3pm-6pm	3pm-6pm	3pm-6pm	3pm-6pm	3pm-6pm	closed*
Off-site special events holiday / non-holiday / weekends only / any time *Sunday (<i>over 18 only</i>) to clean stalls, help feed.						

Before your come:

- ☐ Review our **Mission**
- ☐ Fill & sign the **VOLUNTEER & COMMUNITY SERVICE APPLICATION**
- ☐ Review & Sign the **Volunteer Code of Conduct**
- ☐ Review & sign the **Release of Liability**
- ☐ Have Parent/Guardian Review & Sign all above listed forms
- ☐ Call to schedule an orientation. Parents/Guardians are welcome to attend all or part.

Please contact the Volunteer Coordinator to schedule your orientation:

Brian Clarkson
928-723-7303



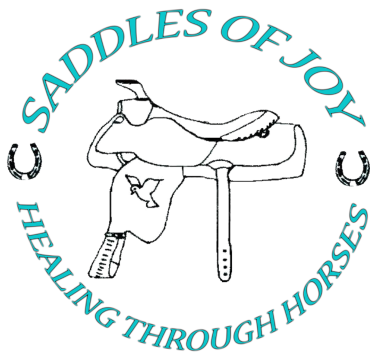
928-344-3562



saddlesofjoy1@gmail.com



Tax ID 86-0984727



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Our Mission

Saddles of Joy, Inc. is a non-profit providing an equine therapeutic riding program that serves special needs children, their families and the community. Our mission is to provide all those who come to us with a healthy learning environment that contributes to healing the body, mind and spirit."

Our Vision is an equine therapeutic riding program dedicated to introduce children, or any other person with the desire to know the joy and values of one of God's most beautiful creations, "The Horse." It is our desire to educate the community and any interested party to the therapeutic value of horse and rider. Be it child or adult, we continue on with understanding and physical ability of our riders. We here at Saddles of Joy, Inc. acknowledge the level of success is simply putting the two together, horse and rider, with positive results. Be it child or adult, we continue with the education in horsemanship and care of the horse are at the level of physical ability of all our riders. We allow the gentle nature of our four-legged therapists to produce any and all healing physical, mental, emotional, or spiritual. That is what therapeutic riding at this level is all about. It is our hope and desire here at Saddles of Joy, Inc. that as we provide this service, we are improving the quality of life for both horse and rider, as well as produce a bond of healing. We are a non-profit organization and offer our services to the community as such.

The dedication of our all Staff Volunteers, Advisory Board and Directors is very sincere!

Barbara Tomlinson

Barbara Tomlinson
President and Founder



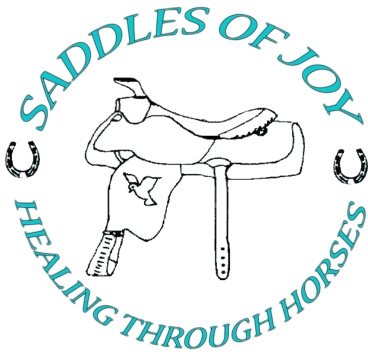
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Student Name:

Volunteer Coordinator:

Orientation Checklist:

Review application & forms

- ☐ Check age requirements and SIGNATURES
- ☐ Review hours of operation, program services, play day and special event staffing needs
- ☐ Review **Mission & Volunteer Code of Conduct**
- ☐ Read Handbook
- ☐ Review dress code
- ☐ Tour the facility

Signature of Volunteer

Date

Signature of Volunteer Coordinator

Date



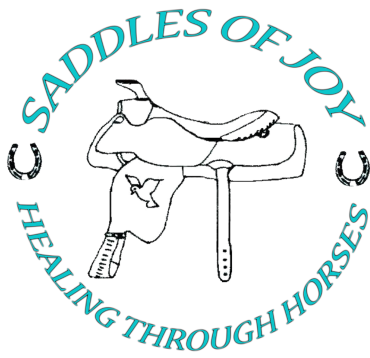
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☐ Volunteer ☐ Community Service

VOLUNTEER & COMMUNITY SERVICE APPLICATION

*Please check appropriate boxes and fill out required personal information:
(please print)*

General Information

Volunteer Name	<i>male / female</i>
DOB	<i>Minimum age is 12y when unaccompanied</i>
Parent/Guardian	
Phone Number	
Emergency Contact	<i>Name Phone #</i>
Email Address	
Facebook Profile	

Community Service Applicants Only:

Court Ordered :	Yes / No
Ordered by (<i>Name of judge</i>)	
Hours Required:	
Reason for Community Service:	
Will you need a letter for school? Yes /No	



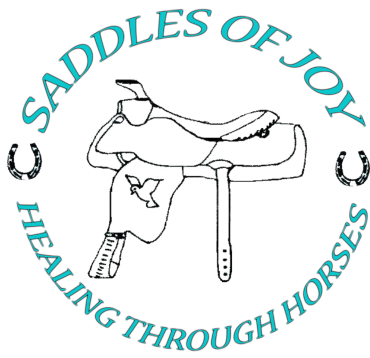
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Availability

Minimum volunteer hours are 2.5 hours p/week or 10 hours p/month.

I am available for the following shifts:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
7am-11am <input type="checkbox"/>	7am-11am <input type="checkbox"/>	7am-11am <input type="checkbox"/>	7am-11am <input type="checkbox"/>	7am-11am <input type="checkbox"/>	7am-1pm <input type="checkbox"/>	*
3pm-6pm <input type="checkbox"/>	3pm-6pm <input type="checkbox"/>	3pm-6pm <input type="checkbox"/>	3pm-6pm <input type="checkbox"/>	3pm-6pm <input type="checkbox"/>	3pm-6pm <input type="checkbox"/>	*

☐ Off-site special events holiday / non-holiday / weekends only / any time

☐ *Sunday (*over 18 only*) to clean stalls, help feed.

Check capacities of interest to you

Ranch

- ☐ Assist w/ student instruction (catching grooming saddling side walking)
- ☐ Assist with scheduled off-site events
- ☐ Horse Handling/turning in/out
- ☐ Grooming
- ☐ Grounds keeping/chores
- ☐ Feeding/watering
- ☐ Mucking/cleaning

Administrative

- ☐ Public relation
- ☐ Grant Writing
- ☐ Stable management
- ☐ Volunteer recruitment/coordination
- ☐ Fund raising
- ☐ Photography/videographer
- ☐ Other/s:

☐ I have a special project:



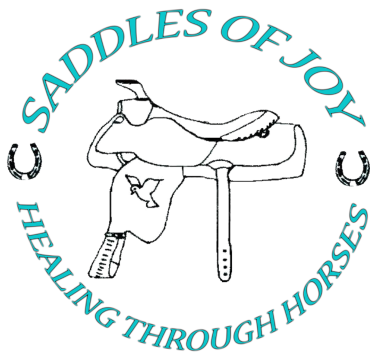
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EXPERIENCE:

Please tell us why you chose to support Saddles as a volunteer:

Please write a brief description of your experience with horses and/or other livestock:

What do you hope to gain from your experience at Saddles?

Signature of Volunteer

Date

Signature of Parent/Guardian

Date

Signature of Judge

Date



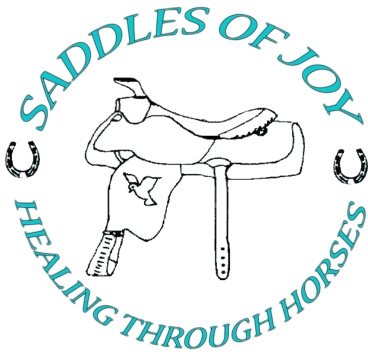
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Volunteer Code of Conduct

Saddles of Joy, Inc. wishes to express our appreciation for the volunteer position you have chosen to apply for. Saddles of Joy, Inc. is an establishment that provides a safe haven for students, volunteers and guests alike. With your application approval our expectations for our volunteers are as follows:

1. Once you have committed to a time slot we ask that you be on time and if you cannot make the scheduled time please call the Volunteer Coordinator or Office and let us know, as we will be depending on you to help at that specific time.
2. Appropriate dress is required for safety. You'll be working with 1200-pound animals. Close-toed shoes are required. We also ask that you wear clothing appropriate for working with children. Remember that families are often here to observe their child ride. No profanity or inappropriate sayings or logos on clothing. Remember there are constantly families at our facility.
3. No smoking, vaping or chewing tobacco on Saddles of Joy, Inc. property. There is a designated area outside the front gate. Please use it safely.
4. Language: No use of profanity will be tolerated.
5. Confidentiality is a must at our facility. Do not discuss children by name outside of Saddles of Joy facility.
6. Social Media: It is important to remember that we are all ambassadors for Saddles of Joy and that social media is never private. We strive to be transparent, however all the rules listed in the code of conduct apply to polite use of social media.
7. Volunteers are responsible for filling out their own time sheets at the end of each session spend at Saddles of Joy.
8. Volunteers are expected to help with all the duties (health withstanding) at the Saddles of Joy facility.



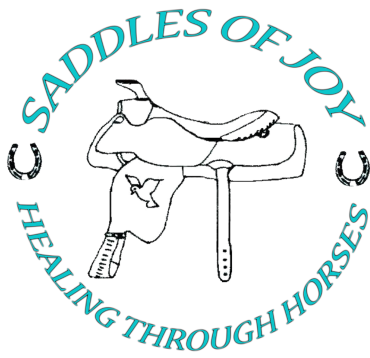
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Volunteer Code of Conduct, continued

9. Saddles of Joy focuses on children with special needs. Whenever you are involved with us, we ask that it remain foremost in your mind that safety always comes first.
10. Personnel Conflicts: Verbal abuse and /or fighting will not be tolerated on the facility. If you are unable to resolve a conflict and it will exceed the ability of one or both parties to remain polite, report it to your supervisor and ask for help.
11. Enjoy your experience with us. Watch the miracles we see and be blessed as these children bless us.
12. Riding horses at Saddles is an earned privilege that is earned through demonstrating dedication to the program, hard work and willingness to learn.

All offenses will be documented and the consequences are as follows:

First Offense: Verbal warning and asked to step out of the facility.

Second Offense: Must leave the premise.

Third Offense: Removed from the volunteer program and/or banned from the premise.

These rules will apply to all Saddles of Joy functions whether on-site or off-site.

I pledge to adhere to the code of conduct to the best of my ability. I understand if at any time Saddles feels this conduct has been breeched, I may be removed from the volunteer program.

Signature of Volunteer

Date

Signature of Parent/Guardian

Date



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SADDLES OF JOY, INC.

PARTICIPANT'S NAME: _____

RELEASE OF LIABILITY, WAIVER OF CLAIMS, INDEMNIFICATION, AND ARBITRATION AGREEMENT

Notice – By signing this document you may be waiving certain legal rights, including the right to sue.

Release and Waiver of Claims; Indemnification Agreement

In consideration of being allowed to use the facilities and participate in programs and events ("Programs") at **SADDLES OF JOY, INC.** (the "Host"), the Participant, and the Participant's parent(s) or legal guardian(s) if the Participant is a minor, do hereby agree, to the fullest extent permitted by law, as follows:

- 1) **TO WAIVE ALL CLAIMS** that they have or may have against the Host arising out of the Participant's participation in the Programs or the use of any equipment provided by the Host ("Equipment"). The Participant and his/her Parents or legal guardian(s) specifically understand that they are releasing any and all claims that arise or may arise from any negligent acts or conduct of the Host, its owners, affiliates, operators, employees, agents, and officers, to the fullest extent permitted by law. However, nothing in this Agreement shall be construed as a release for conduct that is found to constitute gross negligence or intentional conduct;
- 2) **TO ASSUME ALL RISKS** of participating in the Programs and using the Equipment, even those caused by the negligent acts or conduct of the Host, its owners, affiliates, operators, employees, agents, and officers. The Participant and his/her Parents or legal guardian(s) understand that there are inherent risks of participating in the Programs and using the Equipment, which may be both foreseen and unforeseen and include serious physical injury and death;
- 3) **TO RELEASE** the Host, its owners, affiliates, operators, employees, agents, and officers from all liability for any loss, damage, injury, death, or expense that the Participant (or his/her next of kin) may suffer, arising out of his/her participation in the Programs and use of the Equipment, including while receiving instruction and/or training; and
- 4) **TO INDEMNIFY** the Host, its owners, affiliates, operators, employees, agents, and/or officers, from all liability for any loss, damage, injury, death, or expense that the Participant (or his/her next of kin) may suffer, arising out of participation in Programs and use of the Equipment.

Arbitration

The Participant, and the Participant's parent(s) or legal guardian(s), if Participant is a minor, hereby agrees to submit any dispute arising from participation in the Programs to binding arbitration. Submission shall be unlimited. For such disputes, there shall be a three-member arbitration panel, consisting of two party-appointed arbitrators (one arbitrator to be appointed by each party) and one neutral arbitrator (collectively, the "Panel"), to be chosen by the party-appointed arbitrators. The neutral arbitrator shall be an officer or director of any entity that operates an equine therapeutic riding operation in the United States. In the event that the two party-appointed arbitrators are not able to agree on a third, neutral arbitrator, the neutral arbitrator shall be appointed by the United States District Court, for the City of St. Yuma, AZ, utilizing the selection criteria for the neutral as set forth above. Each party shall pay its own costs, including the costs associated with the party-appointed arbitrators, and the parties shall share equally the costs associated with the neutral arbitrator. The arbitration proceeding shall proceed in the county and state in which the Programs occurred and shall be governed by the Federal Rules of Evidence. The Panel shall establish a reasonable and appropriate discovery schedule to expeditiously resolve this matter. As a threshold matter, the Panel shall confirm whether the Waiver and Release contained in this Agreement are enforceable under applicable law.

Photography/Videography Release

Participant hereby grants to the Host, its representatives, and employees the right to take photographs and video of Participant in connection with Participant's participation in the Programs. Participant hereby authorizes the Host to copyright, use, and publish the same in print and/or electronically. Participant hereby agrees that the Host may use such photographs and video of Participant for any lawful purpose, including but not limited to publicity, illustration, advertising, and Web content.

Personal Responsibility

The Participant certifies that he/she has no physical or mental condition that precludes him/her from participating in the Programs and that he/she is not participating against medical advice.

If helmets are recommended for use while participating in the Programs, and Participant chooses not to wear a helmet, he/she does so at his/her own risk and accepts full responsibility for any injury that results.

The Participant understands that his/her participation in the Programs is voluntary and further understands that he/she has the opportunity to inspect the Host's equipment and location before any participation.

The Participant understands that he/she is obligated to follow the rules of the Programs and that he/she can minimize his/her risk of injury by doing so and through the exercise of *common sense* and by being aware of his/her surroundings.

If, while participating in the Programs, the Participant observes any unusual hazard, which he/she believes jeopardizes his/her personal safety or that of others, he/she will remove himself/herself from participation in the Programs and immediately bring said hazard to the attention of the Host.

I, _____ (parent/legal guardian), hereby agree that I will explain to my child that the risk of injury while participating in the Programs can be reduced by following the rules and through the use of *common sense* and *good judgment*.

To the extent that any portion of this Agreement is deemed to be invalid under the law of the applicable jurisdiction, the remaining portions of the Agreement shall remain binding and available for use by the Host and its counsel in any proceeding.

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I MAY BE WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

Parents or Guardians must also sign if the Participant is UNDER 18.

Participant's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____