

Volunteer Packet



Cheerful Hearts

Therapeutic Riding and Animal Assisted Therapy

"Where Joy Blooms"

Welcome and Thank You for Your Interest

Welcome to the CHAT Volunteer Program!

The volunteer experience offered at CHAT is as rewarding as it is unique. It is an opportunity to channel individual talents and skills into a variety of volunteer activities. Working together with our staff and other volunteers, **you** make it possible to provide therapeutic horseback riding and animal assisted activities for special needs children and adults in Galveston County and the surrounding areas. In doing so, you contribute to the process of giving our participants one of life's most precious gifts – a feeling of self-worth, accomplishment and self-esteem. By volunteering you can help people with disabilities, work with horses and make new friends. You will gain tremendous satisfaction from watching the participants enjoy contact with horses and animals; physically, mentally and emotionally. You will be giving back to the community while having fun!

The primary requirement of a potential CHAT volunteer is an interest in supporting the program. At CHAT, we emphasize a **team** approach to provide active therapy as an enjoyable yet challenging experience.

Cheerful Hearts is a 501 (c)(3) nonprofit and a member center of PATH International, which establishes safety standards and teaching techniques for member operating centers.

Our Purpose

To provide persons with physical, cognitive, psycho-social and emotional disabilities as well as those being impacted by potentially life altering illness or injury the opportunity to experience the power of the human/animal bond through therapeutic intervention in order to promote improved health and wellness.

Our Mission

To bring a smile to a face or laughter to the heart where sadness, pain and fear existed.

Our Motto

"Where Joy Blooms" comes from a revelation that Sheri Holmes had after the devastation of Hurricane Harvey. Choosing to follow God and His will for her life, Sheri made the decision that she would no longer be controlled by her circumstances or fear, but would choose joy in all areas of her life, including developing a therapy program.



Therapeutic Riding and Animal Assisted Therapy

Santa Fe, Texas

www.cheerfulheartstherapy.org



Volunteer Liability Release Form

I, _____, the undersigned adult as volunteer, or parent or guardian of _____, a minor, would like to participate as a volunteer at Cheerful Hearts Therapeutic Riding and AAT (AKA: C.H.A.T.)

I acknowledge the risks and potential for risks of equine activities. I understand that I/my son/daughter/ward, will be working with and around horses at C.H.A.T. However, I feel that the possible benefits to myself/son/daughter/ward are greater than the risk assumed. I, the undersigned client and/or parent or guardian, hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrator, waive and forever release, acquit, discharge and hold harmless all claims for damages against C.H.A.T., its agents, instructors, therapists, employees, representatives, volunteers, owners of property on which Cheerful Hearts Therapeutic Riding and AAT operates, successors or assigns on account of any personal injuries and/or personal damages known or unknown, or in any way growing out of, the acts of C.H.A.T., agents, instructors, therapists, employees, representatives, volunteers, owners of the property on which C.H.A.T. operates, successors or assigns.

I understand that under Texas Farm Liability Act (Chapter 87, Civil Practice and Remedies Code), a farm animal professional is not liable for an injury to or the death of a client in equine activities resulting from the inherent risks of equine activities.

Volunteer's Signature (or Signature of Parent/Guardian if under the age of 18):

_____ Date: _____



Heerful Hearts

Volunteer/Staff Information Form and Health History

General Information

Name: _____ Date: _____ Address: _____

Employer/School: _____

Work Address: _____

Date of Birth: _____

Phone:(H) _____ (W): _____

Parent/Legal Guardian Name and Address: _____

How did you learn about the program? _____

Recent Medical Tests: _____ Last Tetanus Shot: _____

Tuberculosis Test+- Date: _____

Health History

Please describe your current health status particularly regarding the physical/emotional demands of working in a therapeutic riding program. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalization/surgeries, or lifestyle changes.

Allergies: _____

Medications: _____

Check which areas you are interested in:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Program | <input type="checkbox"/> Special Events | <input type="checkbox"/> Administration | <input type="checkbox"/> Photography/Video |
| <input type="checkbox"/> Horse Handling | <input type="checkbox"/> Horse Show | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Budget & Finance |
| <input type="checkbox"/> Sidewalking with a Student | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Future Planning |
| <input type="checkbox"/> Stable Management | <input type="checkbox"/> Special Olympics | <input type="checkbox"/> Newsletter | |
| <input type="checkbox"/> Facility Repairs | <input type="checkbox"/> Trail Rides | <input type="checkbox"/> Volunteer Recruitment | |

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 this center's program.

Signature: _____ Date: _____

(volunteer/ staff: signed in presence of center staff)

Volunteer/Staff Information Form and Health History

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Name: _____

Address: _____

Date of Birth: _____ Phone: _____

Photo Release:

I DO I DO NOT consent to and authorize the use and reproduction by _____

(PATH Intl. center) of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Signature: _____ Date: _____

Background Information

Have you ever been charged with or convicted of a crime? Y N Please explain _____

I, _____ (volunteer/staff), authorize _____ (center)

To receive information from any law enforcement agency, including police departments and sheriff's departments, of this state of any 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.

I understand that such access is for the purpose of considering my application as an employee/volunteer, and that I expressly DO NOT authorize the PATH Intl. center, Cheerful Hears, its directors, officers employees or other Volunteers to disseminate this information in any way to any other individual, group, agency, organization, or corporation.

Signature: _____ Date: _____

(volunteer/staff)

Current Driver's License Y N License Number _____ State _____

Confidentiality Agreement

I understand that all information (written and verbal) about participants at this PATH Intl. center is confidential and will not be shared with anyone without the express written consent of the participant and their parent/guardian in the case of a minor.

Signature: _____ Date: _____

(volunteer/staff)

DAYS YOU ARE AVAILABLE	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
MORNING							
EVENING							
ALL DAY (WHILE OPEN)							
LIST SPECIFIC TIMES AVAILABLE							

Check the boxes above to let us know when you are available. Sundays and Mondays the center is closed but we still need help with horse care, etc.

Mail forms to:

Cheerful Hearts Program Manager

7317 Avenue P

Santa Fe, Texas 77510