**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Volunteer and Community Service Application Packet**

\_\_\_\_\_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.

**Our Mission and Vision**

 Saddles of Joy, Inc. is a non-profit providing an equine therapeutic experience program that serves those with special needs – physical, mental, and emotional - 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 or any other person with the desire to know the joy and values of the horse. It is our desire to educate the community and any interested party to the therapeutic value of horse and rider, as well as the peace that comes from being around animals and interacting with nature. We here at Saddles of Joy, Inc. acknowledge the level of success in simply putting the two together, horse and human, with positive results. Be it child or adult, we continue with the education in horsemanship and care of the horse at the appropriate for all our clients and volunteers

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 and being with animals 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 human, 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!

Name of Volunteer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer Coordinator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Orientation Checklist:

\_\_\_\_\_Review application & forms

\_\_\_\_\_ Check age requirements and SIGNATURES

\_\_\_\_\_Review Mission & Volunteer Code of Conduct

\_\_\_\_\_ Side walking safety if helping with clients

\_\_\_\_\_General horse safety instruction

\_\_\_\_\_Tour the facility

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Volunteer Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Volunteer Coordinator Date

**VOLUNTEER & COMMUNITY SERVICE APPLICATION**

\_\_\_\_\_ Volunteer \_\_\_\_\_ Community Service

**General Information**:

(Minimum age 12 if unaccompanied)

|  |
| --- |
| Volunteer Name |
| DOB  |
| Parent/Guardian |
| Phone Number |
| Emergency Contact |
| Email Address |
| Facebook Profile |

**Community Service Applicants**

|  |
| --- |
| Court Ordered |
| Name of Judge |
| Hours Required |
| Letter Needed? |

**Availability**

\_\_\_\_\_ Feeding Team: 7 am \_\_\_\_ 6:30 pm \_\_\_\_ Day of Week \_\_\_\_\_\_\_

\_\_\_\_\_ General Volunteer Day of Week \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Areas of Interest**

|  |  |
| --- | --- |
| **Ranch** | **Administrative**  |
| \_\_\_ Assist with student instruction | **\_\_\_**Public Relations |
| **\_\_\_** Assist with off-site events | **\_\_\_** Grant writing |
| \_\_\_ Horse training/handling | \_\_\_ Volunteer coordination |
| \_\_\_ Animal care/grooming | \_\_\_ Fundraising |
| \_\_\_ Grounds keeping |  |
| \_\_\_ Carpentry |  |
| \_\_\_ Feeding/watering |  |
| \_\_\_ Cleaning |  |
|  |  |

|  |  |
| --- | --- |
| I have a special project in mind: |  |
| Please describe your experience with horses or other livestock |  |

**Volunteer Code of Conduct**

Saddles of Joy, Inc. wishes to express our appreciation for the volunteer position you are applying for. SOJ is an establishment that provides a safe haven for clients, 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. If you cannot make the scheduled time, please call the Volunteer Coordinator or Office and let us know, as we are depending on you to help at that specific time.

2. Appropriate dress is required for your safety. You will be working with large animals. Closed toe shoes are required. We also ask that you wear clothing appropriate for working with children. No profanity or inappropriate sayings or logos on clothing.

3. No smoking, vaping, or chewing tobacco on SOJ property.

4. Language: No use of profanity will be tolerated.

5. 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.

6. Volunteers are responsible for filling out their own time sheets at the end of each session spent at SOJ.

7. Personnel Conflicts: Verbal abuse and/or fighting will not be tolerated at SOJ. If you are unable to resolve a conflict, remain polite and report it to the
Executive Director and ask for help.

8. Riding horses is a privilege that must be earned. No riding without the permission of the Executive Director.

**I pledge to adhere to the Code of Conduct to the best of my ability. I understand that if at any time SOJ feels this conduct has been breached, I may be removed from the volunteer program.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Volunteer Date

## Saddles of Joy Inc. Program Release of Liability and Indemnity Agreement and Photography Release

I, , hereby acknowledge that I and/or my legal guardian on my behalf have voluntarily registered to participate in an activity of horseback riding with Saddles of Joy.

I fully understand that the activity of horseback riding, or even being near a horse, involves numerous dangers and risks of injury to me. I acknowledge that the assumption of all the risks involved is my responsibility and I completely release Saddles of Joy and its agents from all liability for any and all injuries caused by my participation in the general activity of horseback riding. **Please initial to show that you agree. \_\_\_\_\_**

I fully understand that an animal (horse) irrespective of its training and usual past behavior and characteristics, may act or react unpredictably based on instinct or fright, and that even the most gentle horse, when provoked or frightened, may rear, buck, run away or otherwise act in an unpredictable and dangerous manner. In addition, weather such as thunder, hail, lightening, or snow sliding off of the roof, may cause a horse to rear, buck, run away or otherwise act in an unpredictable and dangerous manner. Having understood these dangers, I fully assume all of the risks involved and completely release Saddles of Joy and its agents from liability for any and all injuries to me from the general activity of horseback riding. **Please initial to show that you agree. \_\_\_\_\_**

I fully understand that riding on any type of terrain can be dangerous to my horse and me and that this danger increases when riding a horse fast, such as at a canter (lope) or at a gallop. Under these conditions, or even while riding at a slower pace, my horse may stumble, be thrown off balance, get caught in a hole or rut, fall, or otherwise be dangerous to me. I also fully understand that I may, at any time, lose control of and/or fall off my horse, or have a collision. I fully assume the responsibility for all of these dangers and risks, and completely release Saddles of Joy and its agents from all liability for any and all injuries to me from the dangers and risks as stated above. **Please initial to show that you agree. \_\_\_\_\_\_**

I fully understand that animals (horses) and conditions are unpredictable and that the risk of injury or death is inherent to the activity of horseback riding and/or being around horses. I fully assume the responsibility for the risk of injury or death caused by my contact with horses and horseback riding. I completely release Saddles of Joy and its agents from any and all liability for any and all injuries or death to me caused by my contact with horses and/or horseback riding. **Please initial to show that you agree.\_\_\_\_\_**

I agree not to sue, claim against, attach the property of or prosecute Saddles of Joy, its officers, board members, affiliated organizations, agents and/or its employees for riding and its related activities, whether or not such injury or death was caused by their negligence or from any other cause. **Please initial to show that you agree. \_\_\_\_\_**

I agree to defend, indemnify and hold harmless Saddles of Joy and all of its officers, board members, affiliated organizations, agents and employees for any injury or death caused by or resulting from my participation in the activity of horseback riding and its related activities, whether or not such injury or death was caused by their negligence or from any other cause. Please initial to show that you agree .

**Photography Release**

Participant hereby grants to Saddles of Joy, 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 Saddles of Joy to copyright, use, and publish the same in print and electronically. Participant hereby agrees that Saddles of Joy may use such photographs and video of Participant for any lawful purpose, including but not limited to publicity, illustration, advertizing and web content.

This agreement shall be legally binding upon me, my family, my heirs, my estate, assigns, legal guardians, and my personal representatives. **Please initial to show that you agree. \_\_\_\_\_**

I have carefully read this agreement and fully understand its contents. I am aware that I am releasing certain legal rights that I otherwise may have and I enter into this release of liability and indemnity agreement on behalf of myself of my own free will. **Please initial to show that you agree. \_\_\_\_\_**

**THIS IS A RELEASE OF LIABILITY. DO NOT SIGN OR INITIAL THE RELEASE IF YOU DO NOT UNDERSTAND AND/OR AGREE WITH ITS TERMS.**

Participants under 18 years of age require the signature of a parent or legal guardian.

Signature of parent or legal guardian Signature of Participant

Print Name

Address

Telephone #

Date

\*\* We use Facebook as our main form of communication. If you have an account, please submit a “Friend Request” to Paula Snook. She will then add you to our Saddles of Joy Volunteers group.