

# **SPIRIT THERAPEUTIC RIDING CENTER**

PO Box 953, Ellensburg, WA 98926 / 509-213-2774 / spirit@spirittrc.com / www.spirittrc.com



Welcome to the Spirit TRC Volunteer Program!

Thank you for your interest in volunteering at Spirit Therapeutic Riding center. As a charitable non-profit we respect that your time and talents are valuable and we honor that you are choosing to share them to make Spirit TRC the best it can be.

It is our mission to provide equine assisted services to individuals with physical, emotional and learning disabilities, as well as, senior citizens and struggling learners. At Spirit TRC we focus on supporting the capabilities of our participants by offering quality therapeutic riding, horsemanship, and learning programs to improve bodies, minds and spirits. Most of our participants would not be able to do so without the support of our volunteers. In order to offer a safe and beneficial experience we most often have an instructor and a team of two to three volunteers with each participant. It is our goal to provide the necessary supports and encouragement allowing each participant to realize their capabilities rather than focus on their disability.

Each week Spirit TRC has more than 100 volunteer positions to fill. Each volunteer plays a critical role in keeping our participants, horses & facility safe while providing quality programs and services. There are many volunteer opportunities both in and out of the arena. You can work directly with horses and participants or lend your talents to our office, facility, special events or board of directors. We do require all volunteers to be at least 14 years of age, complete an application including a background check, participate in required training, and make a consistent commitment. No horse experience is necessary to be a volunteer, just a passion to make a difference and help Spirit TRC achieve its mission.

We depend on our volunteers and know that together we will make life-changing strides in our community. Please download the application and once completed, email it back to us or print it and send in the mail. We look forward to receiving your volunteer application and welcoming you to the Spirit TRC team where we "focus on capabilities not disabilities".

Kindest regards,

**Evelyn Pederson**  
Executive Director  
evelyn@spirittrc.com  
509-213-2775

**Amber Yeager**  
Volunteer Coordinator/  
Program Manager  
volunteer@spirittrc.com  
509-213-2779

**Stacy Meyer**  
Office Manager  
stacy@spirittrc.com  
509-213-2776

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## VOLUNTEER APPLICATION



Today's Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

Preferred Pronouns: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### If under 18 years of age (you must be at least 14 years of age to volunteer at Spirit TRC):

Parent/Guardian Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

### I AM INTERESTED IN VOLUNTEERING FOR THE FOLLOWING AREAS (CHECK AS MANY AS APPLY):

- Riding/Horsemanship Support** – Assist participant during lesson. This may include side-walking, activity support, helmeting, tacking/untacking & brushing. You will have direct contact with participants and horses.
- Life Skills Support** – Assist participants as they go through pre-determined stations that help to build vital life skills. This may include activity support, helmeting, brushing & grooming, etc. You will have direct contact with participants and horses.
- Reading/Homework Support** – Assist student while reading or working on schoolwork with their horse partner. Helpful to have learning support, tutor, or teaching interest. You will have direct contact with students and horses.
- Seniors Support** – Assist senior citizens with horsemanship, activities, & visits both on and off-site. You will have direct contact with both seniors and horses.
- Horse Handler** – Responsible for horse leading/handling. Includes warm-up, lesson work and cool down. May require assisting with tacking/untacking. Supplemental training required.
- Summer Camp Support** – Assist participants during the session. This may include activity support, helmeting, tacking/untacking & brushing, learning support, etc. You will have direct contact with participants and horses.
- Tack Manager** – Manage tack before, during and after lessons. Assist with sanitation, preparation, organization, storage and safety checks of horse tack. Supplemental training required.
- Facilities Assistant** – Assist with facility maintenance. May include horse paddock cleaning, emptying poop trailers & buckets, arena raking, setup and takedown, shelter/fence repair, tractor driving, etc. Supplemental training required.
- Equine Assistant** – Assist with feed, water, care and exercise of Spirit horses. A regular commitment, proof of experience and additional training is required.
- Admin Assistant** – Assist with data entry, mailings, filing, etc. Supplemental training will be provided.
- PR/Events** – Assist with social media, special campaigns, fundraising events, community awareness & program promotion.
- Board Member** – Jointly oversee and actively participate in the directing of Spirit TRC meeting its mission. Supplemental application is required.



**VOLUNTEER INTEREST CONTINUED:**

Why do you want to volunteer at Spirit TRC?

Do you have any reservations about working with individuals that may not have control over their body or verbalization (i.e. drooling, involuntary movement, shouting, non-verbal, etc.)?  No  Yes

Are you comfortable & able to have close contact and physically support riders/handlers during lessons?  No  Yes

**EXPERIENCE: (Must complete section . However, experience is not required to be a volunteer at Spirit TRC)**

Have you volunteered with an equine assisted therapy program before?  No  Yes If yes, in what capacity, where and for how long?

Have you worked with individuals with disabilities?  No  Yes If yes, please describe.

Have you worked with senior citizens?  No  Yes If yes, please describe.

Have you worked in education/tutoring/learning support?  No  Yes If yes, please describe.

Have you previously worked with horses?  No  Yes If no, skip to next page.

I currently or in the past have owned or leased a horse.  No  Yes If yes, for how long? \_\_\_\_\_

I have ridden for \_\_\_\_\_ years in the following disciplines:  Western  English  Other: \_\_\_\_\_

Rate Your Skills (1 being NOT confident & 5 being very confident):

- Grooming:  1  2  3  4  5
- Leading:  1  2  3  4  5
- Lunging:  1  2  3  4  5
- Bathing:  1  2  3  4  5
- Feeding:  1  2  3  4  5
- Tacking:  1  2  3  4  5
- Riding:  1  2  3  4  5
- Round Pen:  1  2  3  4  5



**COMMITMENT & ABILITY:**

I understand that before I may volunteer I must complete all sections of the application and required training:  No  Yes

I can commit to volunteer on a weekly basis for a minimum of 1.5 hours (in any one day):  No  Yes If no, what commitment can you make?

Do you have any health limitations that would make it difficult to participate in physical activities?  No  Yes  
If yes, please explain:

**I am able to:**

Lift up to 20 pounds above your head (saddle)?  No  Yes

Walk for 45-60 minutes on uneven surfaces (arena, grass, field or gravel)?  No  Yes

Jog for several minutes on uneven surfaces (horse trotting pace in arena, grass, field or gravel)?  No  Yes

Hold your arm(s) raised and out to the side for up to an hour at a time (to support a rider as a sidewalker)?  No  Yes

**Do you have:**

Allergies to horses, hay, pollen, dirt, grass, bees, dust, etc.?  No  Yes If yes, to what?

Any phobias (e.g. dogs, bees, blood, horses, etc.)?  No  Yes If yes, to what?

Please include any additional information about your abilities or skills that you wish us to know:

**I attest that all the information provided within this application is complete and true to the best of my knowledge:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**If volunteer is under Age 18 years:**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_



**AVAILABILITY:**

Please indicate the days and times that you are available. We offer our programs Tuesday-Saturday, 9AM-6PM. You will be able to update your availability on our Wranglr scheduling program once you are fully enrolled.

Please note that ALL volunteers are required to watch an orientation video and attend in person general volunteer training. Additional training is required for certain volunteer position such as Horse Handler, Facility Assistant, Office Assistant, & Equine Assistant/Feeder. Training opportunities are posted on FaceBook and you can always contact the volunteer coordinator for more details.

TUESDAY:       Morning                       Afternoon                       Evening

WEDNESDAY:       Morning                       Afternoon                       Evening

THURSDAY:       Morning                       Afternoon                       Evening

FRIDAY:       Morning                       Afternoon                       Evening

SATURDAY:       Morning                       Afternoon                       Evening

How long can you commit to volunteering at Spirit TRC (e.g., 3 months, 6 months, a year)?

How did you hear about Spirit TRC?

**CONFIDENTIALITY AGREEMENT:**



I understand the expectations that all information related to the clients of Spirit TRC is considered confidential in nature. I further understand the liability of persons with access to client information and hereby agree to protect and preserve the confidential nature of all client information to which I have access. This information is to be used ONLY for facilitating the goals and objectives of the individual participant according to the direction of the instructor, therapist, or Spirit TRC staff. In consideration of the right to privacy of the participants and their families, I understand the need to use appropriate discretion in written comments and in related conversations with volunteers, staff, family or the general public. Any breach of this confidentiality will prove reason for dismissal and discontinuation as a Spirit TRC Volunteer.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**If volunteer is under Age 18 years:**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**PHOTO RELEASE/NON-CONSENT:**

For valuable consideration and which is hereby acknowledged, the undersigned hereby grants permission to Spirit TRC to take or have taken still and moving images, video and films, including television footage, for the following individual:

Volunteer Name: \_\_\_\_\_ DOB: \_\_\_\_\_

The undersigned hereby gives consent and authorizes Spirit TRC in its work to use and reproduce the photographs, videos, films and footage for the primary purpose of promoting and aiding Spirit TRC and its work.

I CONSENT TO THE PHOTO RELEASE AS STATED HEREIN: YES \_\_\_\_\_ NO \_\_\_\_\_  
(initial) (initial)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**If volunteer is under Age 18 years:**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**EMERGENCY INFORMATION & MEDICAL TREATMENT RELEASE:**



In the event that emergency medical aid/treatment is required due to illness or injury while volunteering at Spirit TRC, I authorize Spirit TRC or its designated agent to:

- ❖ Secure and/or retain medical treatment and transportation if needed.
- ❖ Release my records upon request to the authorized individual or agency involved in the medical emergency treatment.

Volunteer Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent or Guardian Name (if under Age 18 years): \_\_\_\_\_

Emergency Contact Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Phone (cell/home/work): \_\_\_\_\_

Physician Name & Phone: \_\_\_\_\_

Preferred medical Facility: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ ID# \_\_\_\_\_

Please describe any medical condition requiring special precautions or treatment, allergies, and/or any medications & dosages:

**In the event of a medical emergency, the undersigned authorizes Spirit TRC and their designated agent to authorize such medical assistance as they determine to be necessary. This authorization will be invoked only if I, the volunteer, am incapacitated and unable to provide direction or, if my parent/guardian or emergency contact cannot be reached.**

**EMERGENCY MEDICAL TREATMENT CONSENT :** YES \_\_\_\_\_ (initial) NO \_\_\_\_\_ (initial)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**If volunteer is under Age 18 years:**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_



## **RELEASE OF LIABILITY AND ASSUMPTION OF RISK:**

FOR GOOD AND VALUABLE CONSIDERATION, the receipt of which is hereby acknowledged, the undersigned agrees as follows:

### **I. ACKNOWLEDGEMENTS**

- a. The undersigned acknowledges that all equestrian activities and events are inherently dangerous events that participants as a competitor, student, observer, volunteer, or paid laborer in any of these events exposes the participant to substantial and serious hazards and risks of property damage, personal injury and/or even death.
- b. The undersigned acknowledges that grooming, leading, saddling, mounting, observing, feeding, & any other activity involving horses exposes the actor to substantial and serious hazards and risks of property damage, personal injury and/or even death.
- c. The undersigned further acknowledges that riding or handling horses in the company of other riders and horses, whether for pleasure or in a structured event, exposes such rider/handler to substantial and serious hazards and risks of property damage, personal injury and/or even death.

### **II. RELEASE OF LIABILITY**

- a. The undersigned agrees to release Evelyn Allenbaugh, Spirit TRC and its members, agents and employees from any and all claims, demands and liabilities resulting from personal injury, property damage, and/or death arising from the undersigned's participation in any equestrian event, activities or personal equine endeavors held in and equine facility that may be designated, currently designated as Evelyn Allenbaugh, Spirit TRC 1051 Sorenson Rd., Ellensburg, WA 98926. This release includes claims, demands and liabilities that are known or unknown, foreseen or unforeseen, future or contingent and includes all claims, demands and liabilities arising out of the negligence by Spirit TRC, its members, agents and/or employees.
- b. The undersigned further agrees to release Evelyn Allenbaugh, Spirit TRC, its members, agents and employees from any and all claims, demands and liabilities by the undersigned for indemnities and contributions arising from property damage, personal injury, and/or death to a third party.

### **III. ASSUMPTION OF RISK**

- a. The undersigned, having acknowledged the inherent danger associated with the participation in equestrian riding events and equine activities, whether as a competitor, student, observer, volunteer, or paid laborer, hereby voluntarily, knowingly and expressly assumes the inherent risks and hazards described herein.
- b. The undersigned, having acknowledged the inherent danger associated with riding a horse in the company of other horses and riders, hereby voluntarily, knowingly and expressly assumes the inherent risks and hazards described herein.
- c. The undersigned, having acknowledged the inherent danger associated with grooming, leading, saddling, mounting, observing, feeding and any other activity involving horses, hereby voluntarily, knowingly and expressly assumes the inherent risks and hazards described herein.

### **IV. SEVERABILITY**

- a. In the event that any provision of this release and assumption of risk is found to be invalid, unenforceable, or voidable, the remaining provisions shall remain in full force and effect as if this agreement had been executed without the invalid provision.

### **V. INDEMNIFICATION**

- a. The undersigned agrees to indemnify and save and hold Evelyn Allenbaugh, Spirit TRC, its members, agents, and employees, harmless from any and all claims, demands, and liabilities for any and all property damage, personal injury and/or death asserted by a third party that was occasioned by the undersigned's participation in any equestrian event on the designated equine facility or service thereof.



VI. GOVERNING LAW

- a. The undersigned agrees that this agreement shall be subject to the laws of the State of Washington and that any dispute regarding this agreement shall be subject to the jurisdiction and venue of the State of Washington Superior Court in and for Kittitas County.

**RELEASE OF LIABILITY AND ASSUMPTION OF RISK CONT.:**

VII. HEIRS, ASSIGNS, SUCCESSORS

- a. The undersigned agrees that this agreement shall be binding upon the heirs, assigns and successors of the undersigned. If the undersigned is a minor child, the parent or guardian of the minor child hereby agrees to the provision of this agreement in total and is thereby bound by the same, as evidenced by his or her signature below.

**I hereby certify that I understand the assumption of risk contained herein and understand the risks involved in volunteering at Spirit Therapeutic Riding Center and I am willing to assume these risks and release all liability as contained herein.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**Parental Guardian Statement for Volunteers under Age 18 years:**

**I hereby certify that I am the parent/legal guardian of the child whose signature appears above. I have explained the assumptions of the risk contained herein to the child and believe that the child reasonably understand the risks involved and is willing to assume these risks. I believe that the child understand the release of all liability and that the child has freely tendered such release. As parent/legal guardian of the child, I hereby ratify the provisions of the foregoing agreement and agree to be bound by its provisions:**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_



**CRIMINAL BACKGROUND CHECK:**

The undersigned applicant acknowledges that Washington State requires employees and volunteers who have regularly scheduled unsupervised access to children under the age of 16 years, developmentally disabled persons, or vulnerable adults, to provide the following statement and be subject to background checks concerning adjudication of certain civil and criminal matters identified in RCW 43.43.8340 – Background Checks – Access to Children or Vulnerable Persons – Definitions.

I acknowledge notice that Spirit Therapeutic Riding Center may conduct an inquiry of me as permitted by statute. Also, as required by statute, I am disclosing the extent to which there has been a civil adjudication or criminal conviction regarding the following matter:

**APPLICANT OF INQUIRY:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Alias/Maiden Name(s): \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Place of Birth (city/state): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Drivers Lic. # & State: \_\_\_\_\_

1. Have you been convicted of any crime against children or other persons?  Yes  No
2. Have you been convicted of crimes relating to financial exploitation of a vulnerable adult?  Yes  No
3. Have you been found to have sexually assaulted, exploited, or physically abused a minor in a dependency action under RCW 13.34.040?  Yes  No
4. Have you been found to have sexually assaulted, exploited, or physically abused a minor in domestic relations proceedings, Title 26 RCW?  Yes  No
5. Have you been found in any disciplinary board final decision to have sexually abused or exploited any minor or developmentally disabled person or to have abused or financially exploited a vulnerable adult?  Yes  No
6. Have you been found in a court in a protection proceeding under Chapter 74.34RCW to have abused or financially exploited a vulnerable adult?  Yes  No

**I UNDERSTAND THAT SPIRIT THERAPEUTIC RIDING CENTER WILL INSTITUTE A WASHINGTON STATE PHYSICAL AND CRIMINAL BACKGROUND CHECK AND RESERVES THE RIGHT TO TERMINATE MY VOLUNTEER SERVICE BASED ON ITS FINDINGS:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**If volunteer is under Age 18 years:**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_