



HorseSense for Special Riders, Inc.

P.O Box 906, La Crosse WI 54602 - (608) 791-4868

info@hssr.org

www.hssr.org

VOLUNTEER APPLICATION AND RELEASE - 2017

HorseSense for Special Riders is dedicated to enriching the lives of individuals with special needs through a partnership with the horse. Volunteers are a vital part of HorseSense. We could not offer the programs we have without the time, energy and efforts of our volunteers. Thank you for being a part of our mission! Sessions take place at *W4102 Ober Rd, Coon Valley, WI* at the top of 10 Mile Hill, off of Hwy 14/61.

Minimum age for volunteering is 14 years of age (horse leaders must be at least 15 years of age.)

Volunteer Requirements:

- Attend a volunteer orientation each year
- Be able to walk and jog in sand and uneven ground
- Dress in appropriate and professional manner
- Arrive 15-20 minutes before the lessons start
- Assist with preparation before the lessons and barn clean-up following the lessons
- Be able to consistently commit to attending lessons on the same evening each week, for an entire session
- Side walkers must be 14 years of age or older and leaders must be 15 years of age or older

Volunteer Jobs:

- **Lesson Volunteers** - The lesson volunteers work directly with the instructors to provide assistance prior to and during lessons. The main responsibilities include participating in the lesson by leading the horse or side walking.
- **Horse Leader** - All horse leaders will arrive before sessions and stay afterwards to groom and tack up horses. They also lead the horses during lessons. Leaders must have horse experience or have volunteered with HSSR for at least a year.
- **Side Walker** - As a side walker you will assist the rider in following through with instructions to the best of their ability by walking next to them and providing hands on support if needed. No experience is necessary as you are supported and guided by the instructor.



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General Information:

Today's Date: _____

Name: _____ Phone Number: _____

DOB: _____ E-mail: _____

Address: _____ City: _____

State: _____ Zip Code: _____

*If volunteer is a **minor**, please have a parent or guardian please sign and fill out contact information.*

Parent/Guardian Name: _____

Phone Number: _____

Emergency Information:

Please place the information of the person to contact in case of emergency

Name: _____ Relationship: _____

Preferred Phone Number: _____

Preferred Medical Facility: _____

Insurance Company/Medical Assistance Number: _____

Policy Number: _____ Group #: _____

Please describe any medical conditions and or allergies requiring special precautions or treatment.
Also any medical conditions or dosage:



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Communication:

I prefer to be contacted via.....(please place an X next which one is preferred)

_____ Cell Phone/Text: _____

_____ Home Phone: _____

_____ E-mail

Volunteer Interests:

Please place an "X" next to which areas of "HorseSense" you would like to volunteer for!

_____ Regular session lessons (working with riders and horses)

_____ Chores - feeding, cleaning stalls, grooming horses

_____ Fundraisers/Special Events

_____ Facility Maintenance - always little projects that we need help with!

IDENTIFY ANY SESSION/TIMES YOU ARE INTERESTED IN VOLUNTEERING FOR BELOW:

<u>Summer Session 2017</u> (12 weeks) NO LESSONS THE WEEK OF July 4th	<u>Fall Session 2017</u> (6 weeks) September 11th - October 19th
_____ Mondays <i>June 5th - August 28th</i> 4:00pm - 7:00pm	_____ Mondays <i>September 11th - October 16th</i> 4:00pm - 7:00pm
_____ Tuesdays <i>June 6th - August 29th</i> 5:00pm - 8:00pm	_____ Tuesdays <i>September 12th - October 17th</i> 5:00pm - 8:00pm
_____ Wednesdays <i>June 7th - August 30th</i> 4:00pm - 7:00pm	_____ Wednesdays <i>September 13th - October 18th</i> 4:00pm - 7:00pm
_____ Thursdays <i>June 8th - August 31st</i> 5:00pm - 8:00pm	_____ Thursdays <i>September 14th - October 19th</i> 5:00pm - 8:00pm



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Hearty Riders (6 weeks) NO LESSONS THE WEEK OF THANKSGIVING (NOV 23rd)
___ Tuesdays <i>November 7th - December 19th</i> 5:00pm - 8:00pm
___ Thursdays <i>November 9th - December 21st</i> 5:00pm - 8:00pm

All volunteers, even previous volunteers, will be **required to attend one orientation meeting**. Additional training for those interested in horse handling/leader roles, will be offered immediately after each general orientations.

All orientations will take place at W4102 Ober Rd, Coon Valley, WI. Please check which orientation session you plan to attend:

___ Tuesday May 16th, 2017 **5:00pm - 7:00pm** (Summer Session)

___ Tuesday September 5th, 2017 **5:00pm - 7:00pm** (Fall Session)

Volunteer "About You":

___ Check here if you have volunteered with HorseSense for Special Riders in the past.

___ Check here if you have experience working with *individuals with disabilities*. If so...

Explain: _____

___ Check here if you have *worked with horses in the past*. If so...

Explain: _____



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___ Check here if you have any physical limitations. If so, please specify:



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RELEASE

*By submitting this form, I hereby request permission for the above named applicant (hereafter referred to as the "Participant") to participate In HorseSense for Special Riders.

*I represent and warrant to you that the Participant is physically and mentally able to participate in HorseSense for Special Riders.

*I acknowledge that the Participant will be using Facilities at his or her own risk.

*I specifically grant permission to you to use the likeness, voice and words of the Participant in television, radio, films, newspapers, magazines and other media, and in any form not heretofore described, for the purpose of advertising or communicating the purposes and activities of HorseSense for Special Riders.

*I hereby authorize HorseSense for Special Riders to take such measures and arrange for such medical and hospital treatment as may be deemed advisable for the health and well-being of the Participant in the event the Participant becomes ill or injured at any HorseSense for Special Riders activity and no responsible adult authorized to act on the Participant's behalf is immediately available to be consulted as to appropriate medical care for the Participant.

*Each of the undersigned, individually and on behalf of the undersigned's family, guests and invitees, being aware of the risks and hazards inherent entering on the premises of the Stable or participating in any activities on or around horses, elects voluntarily to enter on the premises of the Stable, knowing their present condition and knowing that their condition may become hazardous and dangerous during the time that each of the undersigned and the undersigned's family, guests and invitees is on the premises of the Stable. Each of the undersigned, individually and on behalf of the undersigned's family, guests and invitees, voluntarily assumes all risks of loss, damage or injury, including death, that may be sustained by any or each of the undersigned and the undersigned's family, guests and invitees while in or on the premises.

*This release is binding on the undersigned and the undersigned's family, guests and invitees, and their respective heirs, executors, administrators, personal representatives and assigns. In signing this release, each of the undersigned acknowledges and represents that he or she: (1) Has read the foregoing release, understands it and signs it voluntarily; (2) Is 18 years of age or older and of sound mind; (3) Is not an agent, servant or employee of the Stable; (4) Has authority to sign this Release for the undersigned's family, guests and invitees; (5) Will indemnify and hold harmless the Stable for any and all costs and expenses, including attorney's fees arising out of any matters released hereunder.



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*I am aware of the significant risks of injury that horseback riding and horse-related activities may cause to myself/my son/my daughter/my ward, however I feel that the possible benefits to myself/my son/my daughter/my ward are greater than and out weigh the risk assumed. By signing this agreement I am assuming all risk and do hereby understand that horses are animals, not subject to any guarantee of reliability. Therefore, I agree to release, indemnify and hold harmless HorseSense for Special Riders, Inc., the Board of Directors, Instructors, Therapists, Aides, Volunteers and/or Employees from all liability they may incur.

*In accordance with the Wisconsin Law relating to the limitation of civil liability regarding equine activities: "NOTICE: A person who is engaged for compensation in the rental of equines or equine equipment or tack or in the instruction of a person in the riding or driving of an equine or in being a passenger upon an equine is not liable for the injury or death of a person involved in the equine activities resulting from the inherent risks of equine activities, as defined in section 895.481 (1) (e) of the Wisconsin Statutes."

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, FULLY UNDERSTAND AND AGREE TO BE BOUND BY THE PROVISIONS OF THIS REGISTRATION & RELEASE

Parent/Guardian or Adult Volunteer Signature: _____

Date: _____

Please return completed application to HorseSense for Special Riders

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